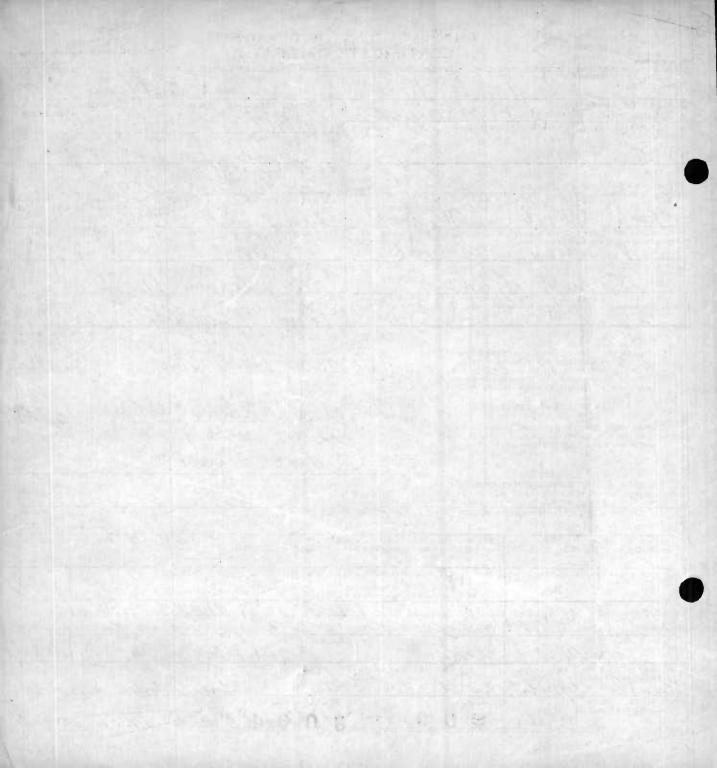
50 3001 BALTIMORE CITY HEALTH DEPARTMENT

- . 50 2000

	BII	RTH NO.	CERTIFICATI	E OF DEATH	Registered No)— 3001
•	1. (T)	NAME OF DECEASED Print)	le Kulm		2. DATE MULE OF DEATH MULE	ch 30,1950
J	A.	PLACE OF DEATH: Baltimore City, Maryland 930 ×	1. Dallas bound	A. STATE	(Where deceased lived. If in	stitution : residence before admission
	НС	FULL NAME OF (If not in hospital or instit SPITAL OR STITUTION	tution, give street address or location)	C. CITY OR TOWN	(If outside corporate limits.	write IMURAL and give township
		Length of stay in Baltimore	Left Mos. Days	D. STREET ADDRESS	(If rurabelve location)	5
and le	5.	SEX 6. COLOR OR RACE 7. SING	GLE. MARRIED, DWED, DIVORCED (Specify)	B. DATE OF BIRTH	9. AGE (In years last birthday) Mon	nder I Year II Under 24 Hours ths Days Hours Min
clearly	10. work	done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHE AS EXSTATE		12. CITIZEN OF WHAT COUNTRY
death cl	13	FATHER SHAME	1.	14 MOTHER'S MAIDE	N NAME	45.
of dea	15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES; no of unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. NFORMANT	Kena / less	DRESS LOVE
causes		no no	no	OF DEATH	my & Mulin	230 Dalla
the ca		DISEASE OR CONDITION DIRECTLE		ronam Min	On (Lasis	Sudden
write 1		(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis injury or complication which caused de	ense.			300
please w	Z	ANTECEDENT CAUSES	(B) Dy	restensive la	rdio Valendas	/year
s: ple	SATIO	DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.		Dielace, in	the miles	0
Physicians:	TIFIC	н	(C)	wedias (+a	ickill	
Phys	CER	OTHER SIGNIFICANT CONDITIONS (TRIBUTING TO THE DEATH, BUT NOT REL TO THE DISEASE OR CONDITION CAUSING	ATED G IT.			
_	CAL		OR FINDINGS OF OPER			YES NO
important.	EDIC		PLACE OF INJURY (e. g., i me, farm, factory, street, office bldg.,		tlf in Baltimore City, g	ive exact location)
ially im	2	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR WHILE AT NOT WHILE		JURY OCCUR?	
1 2		22. I hereby certify that I attended t	he deceased from M			that I last saw th
is esp		23A. SIGNATURE MILES		rred at 2.30 m., fro	om the causes and on th	23c. DATE SIGNED
age age		4A. BURIAL CREMA- 24B. DATE ON REMOVAL (Specify)	24C. NAME OF CEMETE	ERY OR CREMATORY 24	Id. LOCATION (City, town,	or county) (State
LEAN		ATE RECEIVED BY REGISTRAR'S SIGNAL OCAL REGISTRAR	Localar V	25 FUNERAL DIRECT	Inne Urundel	ADDRESS
7 3	1	TO THE STANK	Was B. O.	100 00 00 mil	Fara . a labora	X Charles RV

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BALTIMORE CITY HEALTH DEPARTMENT

50 33002 egistered No. 3699

E	BIRTH NO.			CERTIFICAT	E OF DEATH	- Register	ed No
1	. NAME OF DEC Type or Print)	SPE	NCER J	. HACK		2. DATE OF MA	RCH 29,1950
A	Baltimore City	v, Maryland	tal or institut	ion, give street address or	A. STATE	NCE (Where deceased live	d. If institution : residence
1	OSPITAL OR NSTITUTION 11			location)	C. CITY OR TOWN BALTIMOR	E (If outside corporate	limits, write RURAL and give township)
	Length of stay	in Baltimore	Life	Yrs. Mos. Days		ss (If rural, give location th Carey Str	
	Male	COLOR OR RACE Negro	willow	E. MARRIED. /ED.DIVORCED (Specify) CTIED	July 11,1	an last hirthday)	
1 wo	oa. USUAL OCCU rkdoneduring most of wo Labore	rking life, even If retired)	OF BUSINESS OR INDUSTRY		tate or foreign country) re, Maryland	12. CITIZEN OF WHAT COUNTRY?
1	3. FATHER'S NAM Be	njamin Ha	ack		14. MOTHER'S MA		
(Y	5. WAS DECEASED ! er, no or unknowu) NO	EVFR IN U.S. ARME (If yes, give war or dat	D FORCES? es of service)	16. SOCIAL SECURITY NO.	Julia Hac	k -1139 N. C	arey Street
							interval Between onset and death
ATION	DISEASES O	R CONDITIONS, ABOVE CAUSE (A	SES	vg (B)	pater	on + avousque	erono unclusione
ERTIFICA	OTHER SIGNIFICANT CONDITIONS CON-						
7	10 TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY?
1EDICA	21A. ACCIDENT HOMICIDE (, SUICIDE, Specify)		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,			ity, give exact location)
	OF INJURY	onth) (Dny) (Year		21E. INJURY OCCURR WHILE AT WORK AT WORK		INJURY OCCUR?	
1	22. I hereby certify that I attended the deceased from 3						
-	Fran	k A'. Saur	iders	unders Mes. 2	1029 North	Stricker St	
<u> </u>	Burial CRE Burial	17/1	50	New Cathedr	al Cem.	Balkimore,	
	DATE RECEIVED E		S SIGNATI	/ Williams ; in	25. FUNERAL DIRI	LARLES R. LAV	V MORTUARY

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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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802-04 MADISON AVENUE

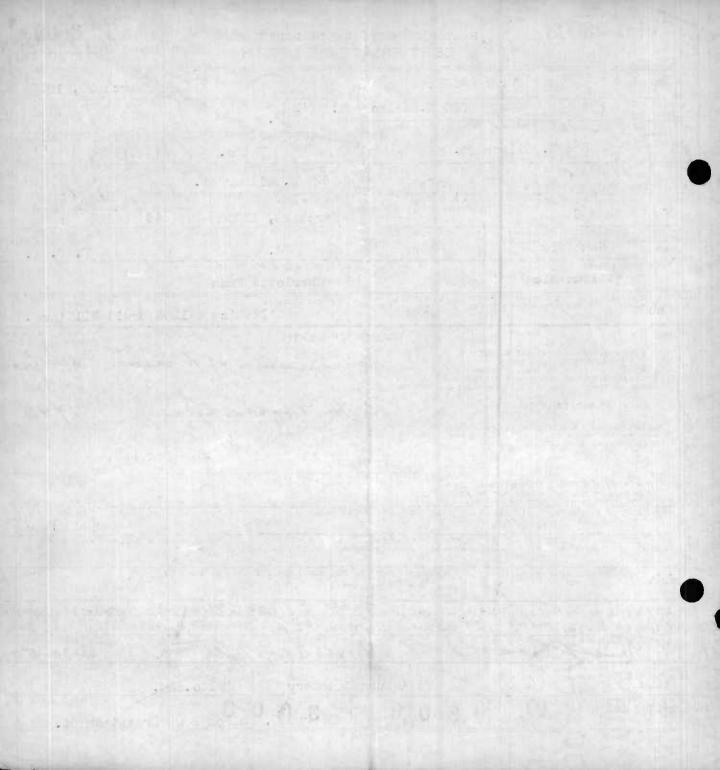
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BALTIMORE CITY HEALTH DEPARTMENT

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ВІ	RTH NO.		CERTIFICATE	E OF DEATH	Registered No.	
1. (T	NAME OF DECEASI 'ype or Print)	Cre.c	e Wilkes	The second second		30, 1950
Α.	PLACE OF DEATH: Baltimore City, M			4. USUAL RESIDENCE (Who Md. STATE	erc deceased lived. If inst B. COUNTY	itution: residence before admission
H	B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION 626 N. Gilmor St.			Balto.	atside corporate limits, w.	rite RURAL and give township
II c.	Length of stay in	Baltimore	Yrs. Mos. Days	626 N. Gilmor St		
5.	SEX 6.COL		INGLE, MARRIED, VIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH March 29, 1906	9. AGE (In years II Under last birthday) Months	Year Under 24 Hours Days Hours Min.
10 work	A. USUAL OCCUPAT done during most of working COMS	ION (Give kind of 10 B. life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country) 12.	CITIZEN OF WHAT COUNTRY
13	13. FATHER'S NAME William Rice			14. MOTHER'S MAIDEN NAME Charlotte Penn		
15 (Ye	o, mas deceased ever	IN U. S. ARMED FORG s, give war or dates of serv	ces? 16. SOCIAL SECURITY NO. none	17. INFORMANT Ella Rice	1205 Druid I	
CERTIFICATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		m myrcaid		1948	
CEF	TRIBUTING TO TH	OR CONDITION CAU	RELATED	ATION		20. AUTOPSY?
MEDICAL	21A. ACCIDENT, SU HOMICIDE (Spec	JICIDE, 21	B. PLACE OF INJURY (e. g., in t bome, farm, factory, street, office bldg., e	or 21c. WHERE DID (If	in Baltimore City, give	YES NO
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT					
	22. I hereby certification deceased alive on 234 SIGNATURE	fy that I attende work, 19	d the deceased from M. S., and that death occur	red at 2.30 A.m., from the 3B. ADDRESS 1663 WN ON		hat I last saw th date stated above 3c. DATE SIGNED 3-36-50
2. TI	4A. BURIAL, CREMA- ON, REMOVAL (Specify) BUILED	24B. DATE 4/2/50	1111	RY OR CREMATORY 240, LOC	CATION (City, town, or o	
D. J.	PCAL REGISTED BY	REGISTRAR'S SIG	SNATURE	25. FUNERAL DIRECTOR		odress an St.



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BALTIMORE CITY HEALTH DEPARTMENT

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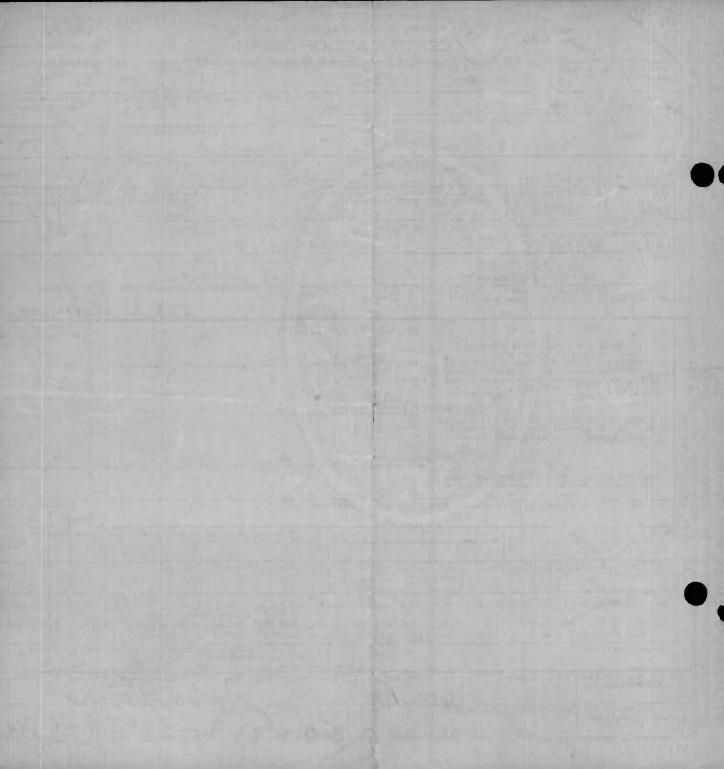
The	В	CERTIFICATI	E OF DEATH	Registered No		
	1. (T:	NAME OF DECEASED The or Print) Reverent Hutchings		2. DATE OF DEATH	30,1950	
supplied	A,	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W	here deceased lived, If insti- B. COUNTY	tution: residence before admission)	
efully su	HO IN	FULL NAME OF (If not in hospital or institution, give street address or location) STITUTION JOHNS HOPKINS HOSPITAL	c. CITY OR TOWN (If	outside corporate limits, wr	ite RURAL and give township)	
ear	c.	Yrs. Mos. Length of stay in Baltimore Days		ural, give location)		
and be	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Months	Vest H Under 24 Hours Days Hours Min.	
on should be clearly and	10 work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or for		CITIZEN OF WHAT COUNTRY?	
death d	13	FATHER'S NAME	14. MOTHER'S MAIDEN NA			
of of	15 (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? , no or unknown) (If yes, give war or dates of service) 216 - 09 - 5036	17. INFORMATIONNS HUPKINS HUSPIng ADDRESS			
m o			OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
Every item of i		heart failure aethonia eta It manus the disease	e Hemorn	hagic	3 wKs	
UNFADING INK. Ever Physicians: please write	FICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	to, C/U.	n mukuma)		
hysic	CERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
-	AL C	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?	
0	EDIC	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		in Baltimore City, give		
AINE Illa im	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT WORK NOT WHILE AT WORK AT WORK		OCCUR?		
RITE LAINLY, is especially imp		22. I hereby certify that I attended the deceased from 3-26, 1950, to 3-30, 1950, that I last saw the deceased alive on 3-30, 1950, and that death occurred at 745km., from the causes and on the date stated above.				
e €		Charlest (Hantwarm M.D.	238. ADDRESS JUINS HUP	KIND HADITIE	3 13 / So	
		Burnel apr 1-50 Bried Red	igs Br	altaty		
PLEAS		TE RECEIVED BY REGISTRAR'S SIGNATURE	En 3/ 9/ Suh	814436	DRESS	
		VS 150				

3005 50 3005 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE DEATH 3. PLACE OF DEATH: 4. USUAL DESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admissi A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR f outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) (If rural, give location) Mos. c. Length of stay in Baltimore 000 Days 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (in years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. 200.26-1898 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work dooe during most working life, even if retired) INDUSTRY WHAT COUNTRY? nome death 13. FATHER'S NAME 15. WAS CECEASED EVER W U, S. ARMED FORCEST Yes, no o unknowe) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no oy unknowo) SECURITY NO. item of 18 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES UNFADING INK. Physicians: please (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20, AUTOPSY WITH important. YES 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! to Zuar 30, 1950, that I last saw the 22. I hereby certify that I attended the deceased from line ! , 1950, and that death occurred at 905 RITE deccased alive on 3/79 A.m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED \mathbb{R} 24A. BURIAL. CREMA-TION REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY TION (City, town, or county) PLEAS DATE RECEIVED BY REGISTRAR'S SIGNATURELL 25. EUNERAL BIRECTOR ADDRESS LOCAL REGISTRAR

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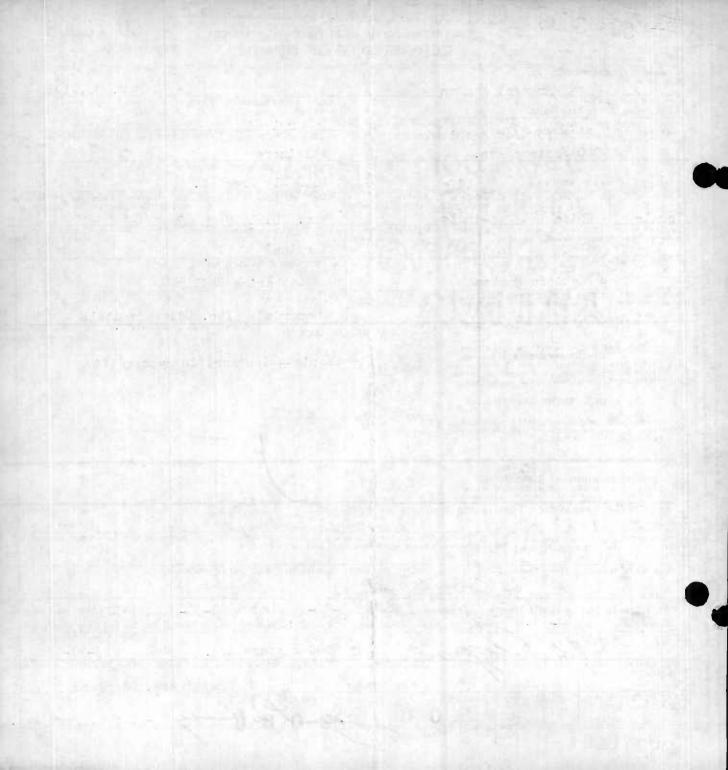
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) LILLIAN ELIZABETH HAMMEL DEATH Mar 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give HOSPITAL OR INSTITUTION 1610 N. Washington Street Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 1610 N. Washington Street Life Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) B. DATE OF BIRTH 9. AGE (In years | 1 Under 1 Year | 11 Under 24 Hours last birthday) | Months Days | Hours Min. Aug.19, 1878 10A. USUAL OCCUPATION (Give kind of) II. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife at home Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Rattman Unknown 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANTIOS E. Overlea Avenue -6 (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. No Rattman none 450,0 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY ARTERIOSCLEROSS LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) heumstoid arthretes OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED OE TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20 AUTOPSY 21B. PLACE OF INJURY (e. g., is or 2 Ic. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT

21 1941 to March 30, 1930, that I last saw the 22. I hereby certify that I attended the deceased from July deceased alive on March 30, 1950, and that death occurred at & P. m., from the causes and on the date stated above.

23A. SIGNATURE 23C. DATE SIGNED 23B. ADDRESS

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

Baltimore Cemetery Baltimore, Md. ADDRESS Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRA

VS 150

HENRY SANDER & SONS, INC.

C. Printer St. St. Committee of the Comm Life to to the second of the s CONSTRUCTION OF

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

210. TIME (Month) (Day) (Year) (Hour)

OF INJURY

NOT WHILE WHILE AT

4940 Eastern Ave.

22. I hereby certify that I attended the deceased from 12-13-

. 1947, to 3-30- , 1950, that I last saw the 1950, and that death occurred at 5:20 AM, from the causes and on the date stated above.

T Stansbur

deceased alive on_ 23A. SIGNATURE

24C. NAME OF CEMETERY OR CREMATORY

238. ADDRESS

23c. DATE SIGNED 3-30-50

Burial DATE RECEIVED BY

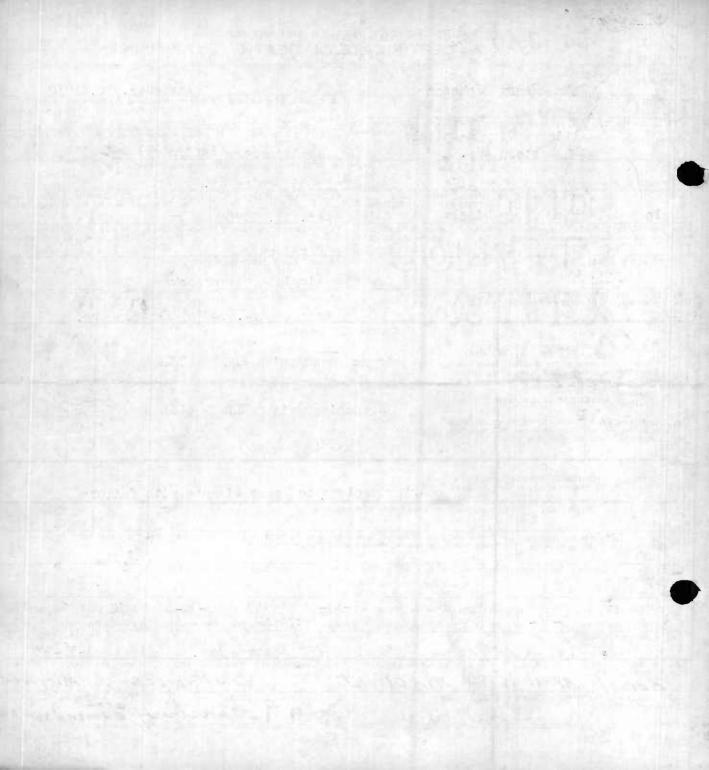
24A. BURIAL, CREMA- 24B. DATE Olivet 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE

24D. LOCATION (City, town, or county) Baltimore

LOCAL REGISTRAR

Edmondson

ADDRESS 2700



BALTIMORE CITY HEALTH DEPARTMENT Registered No. 11 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED HENRY MARTIN 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY hefore admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location ! (If outside corporate limits, write HURAL and give C. CITY OR TOWN INSTITUTION township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. 90, E. 20th fl. c. Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) AGE (In years | H Under 1 Year | H Under 24 Hours last birthday) | Months | Days | Hours | Min. 9. AGE (In years) narrug 10A. USUAL OCCUPATION (Givekinder 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? ushowiel 13. FATHER'S NAME death 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION important. 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? especially NOT WHILE! 22. I hereby certify that I attended the deceased from_ . 19 3. and that death occurred at deceased alive on. m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED BURIAL PREMA 24C, NAME OF CEMEJERY OR CREMATORY pecify DATE RECEIVED BY UNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR

HE ARD MO SHAY SUREM

BALTIMORE CITY HEALTH DEPARTMENT 3012 Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Koontz Margaret DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write BURAL and give C. CITY OR TOWN township) West Yrs. O. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) H Under 1 Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED mari 10A. USUAL OCCUPATION (Give kind of work done during phost of working life, or to if retired)

TOUSEWAST 17. BIRTHPL ACE (State or foreign country) 12. CITYLEN OF TNDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL 17. INTORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Phrymatic Hrant heart failure, asthenia, etc. It means the disease, inartive_ injury or complication which caused death.) DUE TO ANTECEDENT CAUSES over DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. - 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICA 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE 3/29 22. I hereby certify that I attended the deceased from_ , 1950 to 3/30 , 1950 that I last saw the deceased alive on 3/30 1950, and that death occurred at P.30 A.m., from the causes and on the date stated above. 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED Ra thon ms 24A. BURIAL, CREMA-TION, REMOVAL (Specify) PAC. NAME OF CEMETERY OR CREMATORY | 240 LOCATION (City Jown, or county) wes. DATE RECEIVED BY 25 EUNERAL URECTOR AUDRES9 LOCAL REGISTRAR

and

causes

Letter in document file 50-3012 - 5/4/50.

-652 3014 BALTIMORE CITY HEALTH DEPARTMENT Registered No. 3014 CERTIFICATE OF DEATH 2. DATE 1. NAME OF DECEASED (Type or Print) DEATH MARCH 31. 50 BURNS MICHAEL 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township: UNIVERSITY HOSPITA Z D. STREET ADDRESS (If rural, give location) Mos. LONGWOOD c. Length of stay in Baltimore Davs 6. COLOR OR RACE ! 9. AGE (In years) ff Under 1 Year H Uader 24 Hours 7. SINGLE MARRIED WIDOWED, DIVORCED (Specify) last birthday) Months! Days Hours: Min. nan 29 186 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) IOB, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME THOMAS BURNS MARGARET MULLEN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) (If yes, give SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (DEHYDRATION. LEADING TO DEATH ACIDOSIS (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,

injury or complication which caused death.) DUE TO ANTECEDENT CAUSES PROB. CARCINOMATOSIS DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact locations) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) (Specify) HOMICIDE 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 1950 to Man 31 , 1950 that I last saw the 22. I hereby certify that I attended the deceased from Ma-

23A, SIGNATURE

deceased alive on Man 30, 1950, and that death occurred at 12:30 Am., from the causes and on the date stated above.

24c. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION REMOVAL (Specify) Junal 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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death

Letter in document file 50 - 3014 - 5/4/50.

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24A. BURIAL. CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

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24B. DATE

REGISTRAR'S SIGNATURE

24C. NAME OF CEMETERY OF CREMATORY

25. FUNERAL DIRECTOR

CX/Ends

ADDRESS

24D. LOCATION (City, town, or county)

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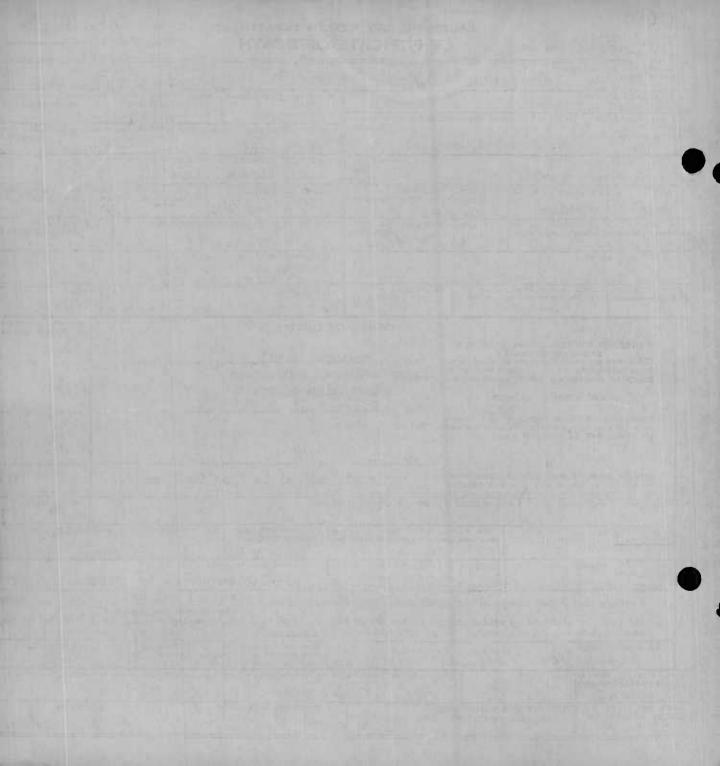
3017 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) PATRICK DEATH March 31, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) St. Joseph's Hospital Yrs. D. STREET ADDRESS (If rural, give location) Mos. 4100 Eirman Avenue c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 24 Hours 9. AGE (In years should be WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours | Min. Male White Widows 124 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekiod of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? relano aurush cl 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. causes INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Fractured skull (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, xxxxx Subdural hemorrhage injury or complication which caused death.) Contusion of brain ANTECEDENT CAUSES Bubarachnoid hemorrhage DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-Fractured pelvis (hospital record) TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 19A. DATE OF OPERATION especially important. 21A. EXTERNAL CAUSE WAS
PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)
CAUSE OF DEATH. 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? Belair Road & Eirman Avenue Street 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY AT WORK Pedestrian struck by tractor-trailor 10:30 Åm. March 29. 1950 WORK Partial autopsy 22. I certify that I took charge of the remains described above, held an. thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \(\Bar{\pi}\), accident \(\Bar{\pi}\), suicide \(\Bar{\pi}\), homicide \(\Bar{\pi}\), undetermined \(\Bar{\pi}\). 23B, CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED 3-31-50 MEDICAL INVESTIGATOR .. 24A. BURIAL. CREMA-TION, REMOVAL (Specify) 2AC. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24B, DATE 904871187 ADDRESS DATE RECEIVED BY REGISTRAR'S. SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR musically or linearly VS 151

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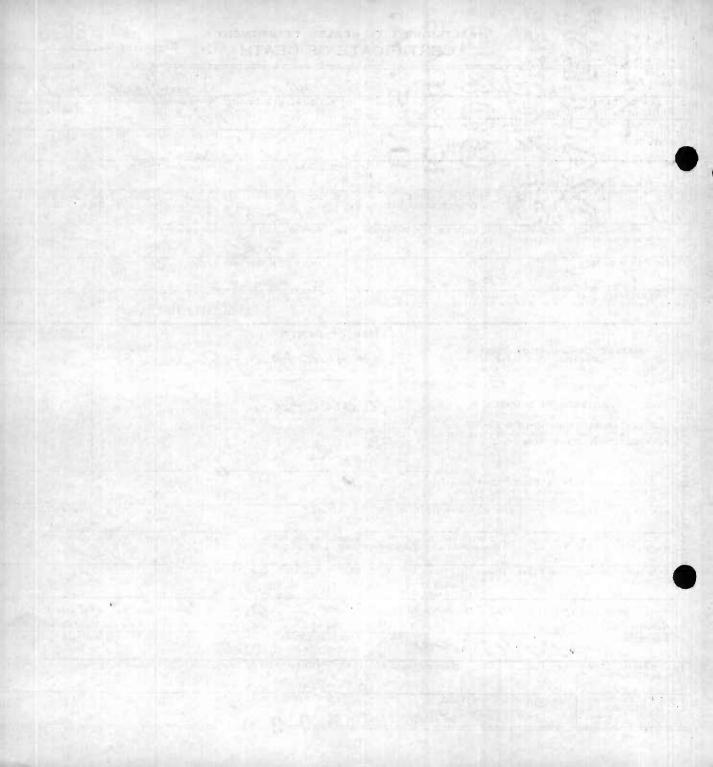
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-		50 2018		EALTH DEPARTMENT	Registered No.	3018
The	В	IRTH NO.	CERTIFICATI	E OF DEATH	Registered No.	
		NAME OF DECEASED Type or Print) albert	- N. Lain	9	2. DATE OF DEATH 3-30	-50
supplied		PLACE OF DEATH: Baltimore City, Maryland	Home	A. STATE		
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etully 'v'.	IN	12.00	one. med	Ballin	ine 23	-O township
legil v			Yrs. Mos.	D. STREET ADDRESS (If	rural, gire location)	51
	-	Length of stay in Baltimore SEX 6.COLOR OF RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years) It linds	1 Year II Under 24 Hours
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death cl		The Read		14. MOTHER'S MAIDEN NA		
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ntem or		18. 420.1	CAUSE	OF DEATH		INTERVAL BETWEEN
		DISEASE OR CONDITION LEADING TO DEA	TH	vary arterioco	lusion	Suddens
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ysic	RT	OTHER SIGNIFICANT CONDI	TIONS CON-			
Ph	S	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	CAUSING IT			
	CAL	19A. DATE OF OPERATION	9B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
vrta	EDIC	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	218. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	or 21c. WHERE DID (I	f in Baltimore City, give	exact location)
important.	ME	21D, TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUP?	
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ia.L		22. I hereby certify that I att	ended the deceased from De		arsh 30, 1950, 11	at I last saw the
espec		deccased alive on March	_, 19 🗖 , and that death occur	red at 10/1. m., from th	ie causes and on the d	ate stated above.
v KI		22A. SIGNATURE	Clman, ms	3B. ADDRESS Paul		Lack 3/ 1950
rlease write correct age is esp	24	AA. BURIAL, CREMA- DN, REMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY 24D. LO	OCATION (City, town, or c	
ect	1	Burial 4-1-	50 Lonaine	Cemelery W.	ord Fawn	The
Cor	Lo	CAL REGISTRAR	s signature	25. FUNERAL DIRECTOR	W.D. A	DRESS
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В		E OF DEATH Registered N	3020		
(°T	NAME OF DECEASED Balry Boy	horpe 2. DATE OF DEATH AVE	h 20,1950		
Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If it	before admission)		
H	FULL NAME OF (If not in hospital or institution, give street address or location) STITUTION JUNE 10 HOSPITH		write RURAL and give township)		
c.	Yrs. Length of stay in Baltimore Mos. Days	D. STREET ADDRESS (If rural, give location)			
5. M	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 3 - / 9 - 56 9. AGE (In years last birthday) Mon	Inder I Year II Under 24 Hours the Days Hours Min.		
	A. USUAL OCCUPATION (Give kied of a dooe during most of working life, even if retired) 10B, KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY		
13	FATTER'S NAME	14. MOTHER'S MAIDEN NAME			
15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (If yes, give war or dates of service) (If yes, give war or dates of service)	17. INFORMANT AD HOSPITAL AD	DRESS		
IFICATION	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING	electasis metarity			
CERI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
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IEDIC	2 18. PLACE OF INJURY (e.g., in of 21c. WHERE DID (11 in Datamore City, give exact location) 1 HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?				
	2 ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK				
	22. I hereby certify that I attended the deceased from 3/20, 1950, to 3/20, 1950, that I last saw the deceased alive on 19, and that death occurred at 4:20 m, from the causes and on the date stated above.				
		zrea at m., from the causes and on the causes are caused and the causes are caused and the causes are caused and the cause are caused and the cause are caused and the cause are caused and the caused and the caused are caused and the caused and the caused are caused and the caused and the caused are caused are caused and the caused are caused and the caused are caused are caused and the caused are caused are caused and the caused are	23c. DATE SIGNED		
71		ERY OR CREMATORY 24D. LOCATION (City, town,	or county) (State)		
D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS		
	VS 150	1	59		



50 3021 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 50-05-67/ 1. NAME OF DECEASED 2. DATE (Type or Print) Baby Boy Tarte March 14. 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY A. STATE Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION The Johns Hopkins Hospital Baltimore D STREET ADDRESS (If rural, give location) Yrs. Mos. 1 hour & 14 min. Days c. Length of stay in Baltimore 1138 E. North Avenue 6. COLOR OR RACE 9. AGE (In years | H Under 1 Year | H Under 24 Hours last birthday) | Months Days | Hours Min. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Male White March 14, 1950 single 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY work dooe during most of working life, even if retired) INDUSTRY Infant Baltimore. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Linwood Tarte Lillian Rick 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Hospital Records 18. 60. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO Precipitale labor + delivery OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION EDICAL important. 21c. WHERE DID 218. PLACE OF INJURY (e.g., io or about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY

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REGISTRAR'S SIGNATURE

Thinky town thinks I have

238. ADDRESS

601 N. Broadway

25. FUNERAL DIRECTOR

20. AUTOPSY (If in Baltimore City, give exact location) 22. I hereby certify that I attended the deceased from March 14, , 19 50 to March 14, , 19 50 that I last saw the deceased alive on March 14, 1950, and that death occurred at 10:50 Am., from the causes and on the date stated above. 23c. DATE SIGNED 24c NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) ADDRESS 160a

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ONSET AND DEATH

234. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

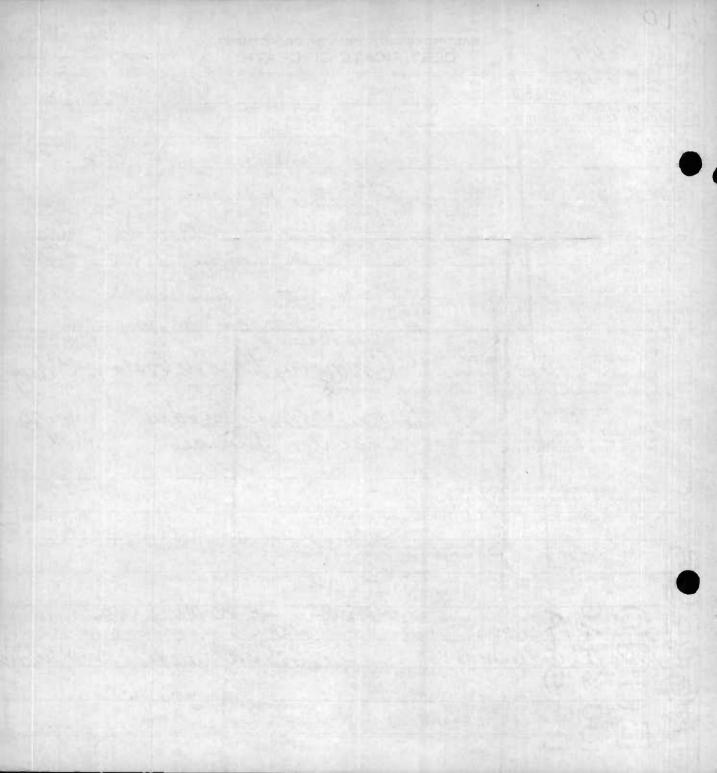
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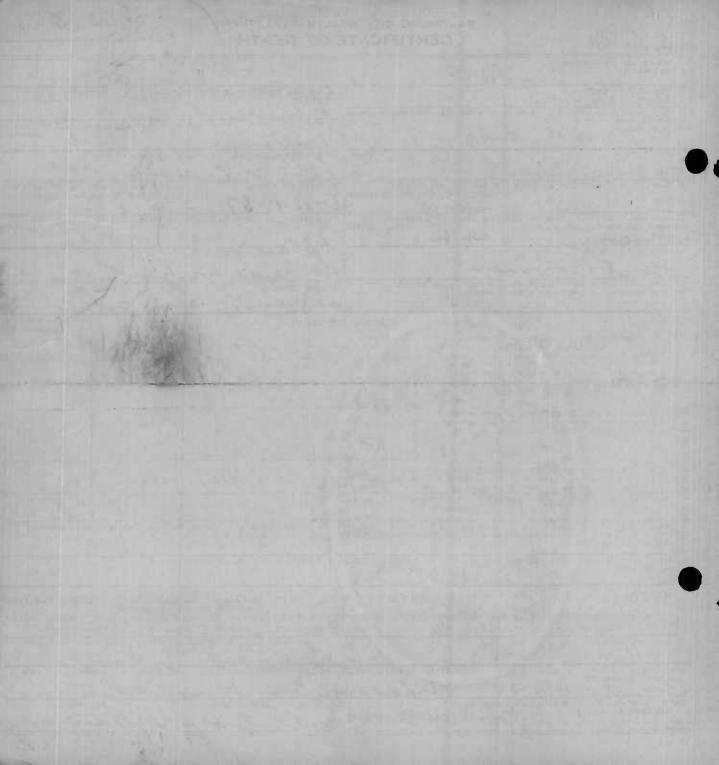
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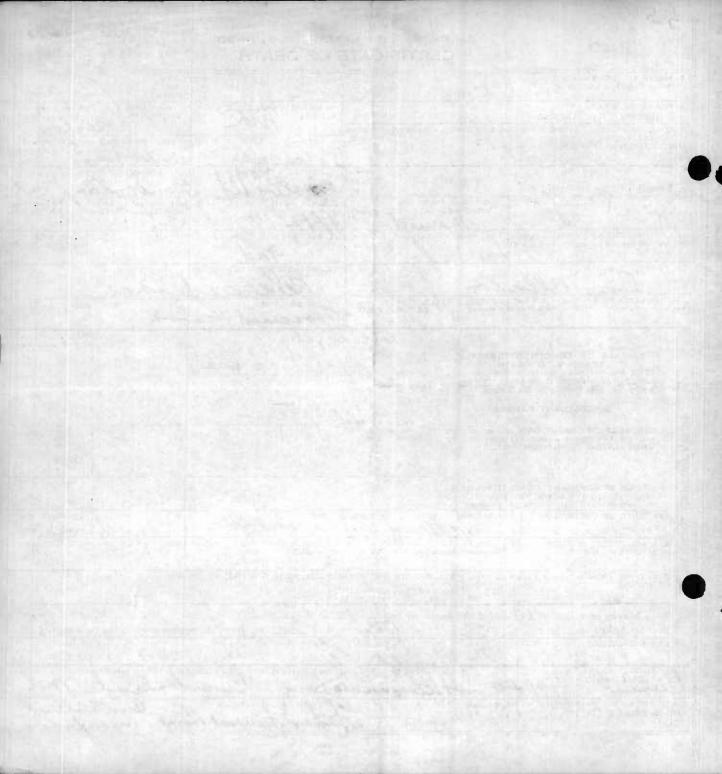
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TIME	-	Он No3024	CERTIFICATI	E OF DEATH	Registered No.	0 3024
	1. (T	NAME OF DECEASED Sype or Print)	e- Ray		2. DATE MAR 3	1 1950
eu ppineu.	A.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (WE	nere deceased lived, If ins B. COUNTY	titution ; residence before admission
211	H	FULL NAME OF (If not in hospital or in SPITAL OR STITUTION	stitution, give street address or location)	C. CITY OR TOWN (If o	outside corporate limits, v	write RURAL and give
and legibly.			Yrs. Mos.	D. STREET ADDRESS (If re	ural, give location)	110
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clearly	10 work	done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		CITIZEN OF WHAT COUNTRY
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ises of	(Yes	. WAS DECEASED EVER IN U. S. ARMED RORC , no or nnknown) (If yes, give war or dates of serv	SECURITY NO.	17. INFORMANT	PKING AVALLA	RESS
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	7	ANTECEDENT CAUSES				
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Ily im	Σ	21D. TIME (Month) (Day) (Year) (Hour OF INJURY) 21E. INJURY OCCURR WHILE AT NOT WHILE		OCCUR?	
		22. I hereby certify that I attended	the deceased from	17. 1960 to 3	-3/, 1950,	that I last saw th
value ru		deceased alive on 19, 19,	12. and that death occur	rred at 14 12 m., from th	e causes and on the	date stated above
OF	24	William W. Wiv	24C. NASE OF CEMETE	RY OR CREMATORY 240, LO	CATION (City, town, or	March 31, 1150
	4	Survey 4-2-50	mt Hope	c cem. Cal	rest Co. m	d
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MARTIN 50 3027 BALTIMORE CITY HEALTH DEPARTMENT Registered No .__ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE arno DEATH & 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE before admissi 3. PLACE OF DEATH A. Baltimore City, Maryland B. EULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE If Under 1 Year 7. SINGLE, MARRIED 9. AGE (In years last birthday) | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of VI. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY Tower Wed 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, oo or uoknown) (If yes, give war or dates of service) SECURITY NO. nices ruens Aloue 18. CAUSE DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION DICAL 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID INJURY OCCUR? HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK AT WORK 30 22. I hereby certify that I attended the deceased from. deceased alive on 1950 and that death occurred 23A. SIGNATURE 23B. ADDRE

NO L (If in Baltimore City, give exact location) . 1950, that I last saw the m., from the causes and on the date stated above. 23c. DATE SIGNED 24A. BURIAL, CREMA, 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24n. LOC ADDRESS DATE RECEIVED BY

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BALTIMORE CITY HEALTH DEPARTMENT Registered No ._ CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OLIVER COLBERT CROMWELL Mar. 30, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 2217 Elsinore Ave. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 2217 Elsinore Ave. Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED Il Under 1 Year 8. DATE OF BIRTH 9. AGE (in years) WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours Min. male white married Aug. 29,1860 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? retired clerk Md. Railroad 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Andrew J. Cromwell Margaret A. Halliway 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or pulsown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs. Olive C. Heron 2217 Elsinore Ave. mo INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., TIPOSTATIC PNEUMONIA heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES HYPERTENSION-ARTERIO SCLEROSIS 15 YEARS DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. DENILITY-OTHER SIGNIFICANT CONDITIONS CON-DUINGNESS, TOTAL FROM SCLEROTIC RETINA TRIBUTING TO THE DEATH, BUT NOT RELATED 4015 YEARS TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION EDICAL 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT, SUICIDE. about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT . 19 to MARCH 30, 1950, that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on MARCH 30, 19 50, and that death occurred at 11th Am., from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED East Read Street 24c. NAME of CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify Burial Loudon Park Cem. Balto., Md. 25 FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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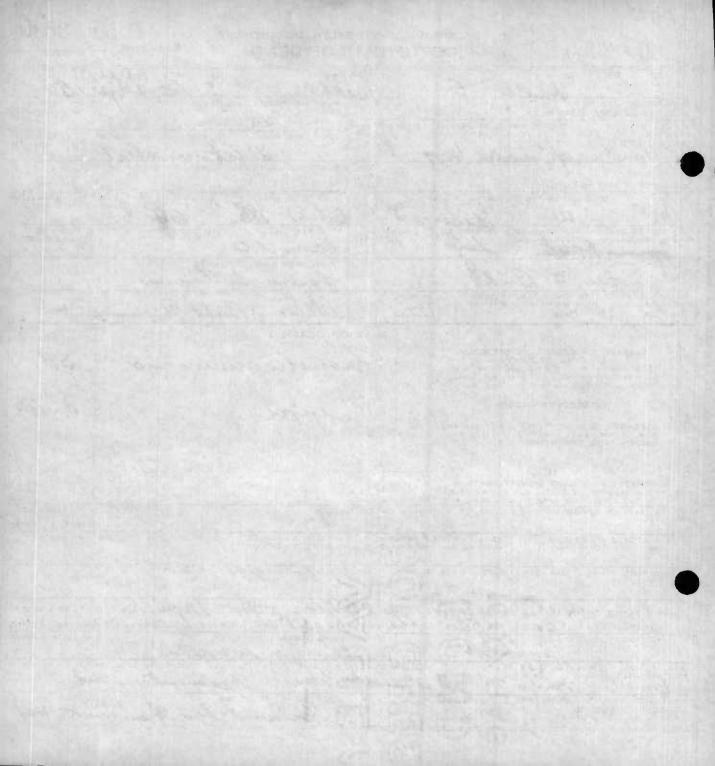
North aux + Broadway, Baltimore Md.

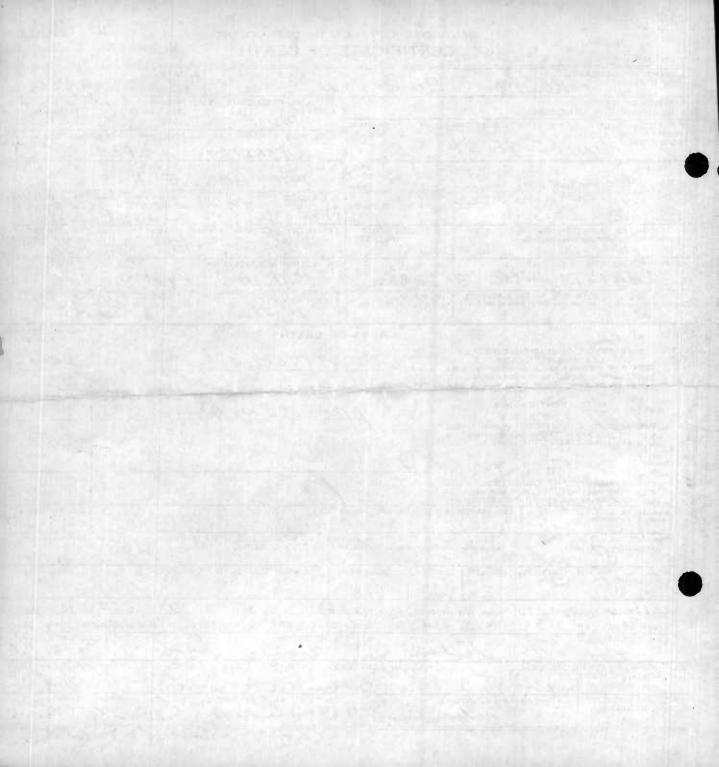
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Physicians:

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R-200 3032

BALTIMORE CITY HEALTH DEPARTMENT

53 3032 degistered No.

	BI	RTH NO.			CERTIFICATI	E OF DEATH	Register	eu No.
	1. NAME OF DECEASED (Type or Print) LENA D. ROACH 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION 4024 Deepwood Rd.				ROACH		2. DATE OF DEATH M	ar. 31, 1950
						4. USUAL RESIDENCE		d, If institution : residence
					location)			
>	2	Yrs.						
clearly and legi	-	c. Length of stay in Baltimore Mos. Days				2230 Kentucky Ave.		
	female 6.COLOR OR RACE 7. SINGLE. MARRIED, WIDOWED. DIVORCED (Specify) Widowed Widowed			Aug. 10, 1873	9. AGE (In year last birthday)	Months Days Hours Min.		
	10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) nousewife at home				INDUSTRY	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY?
th	13	13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME		
death	-		Huermann			Unknown		
Physicians: please write the causes of	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.				SECURITY NO	17. INFORMANT ADDRESS Mrs. George Wills 1906 E. 29th St.		
	IIFICATION	(This does n heart failure, injury or co	OR CONDITION EADING TO DEA' ot mean the mode of asthenia, etc. It mea implication which of NTECEDENT CAUS OR CONDITIONS, III ABOVE CAUSE (A) NG CONDITION LA	FH dying, e, part of the disease aused death ses FANY, GIVIESTATING TI	E., (A) CG	renary O teriose	levoio	n onset and death a days.
	CERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
	AL (FINDINGS OF OPER	PATION		20. AUTOPSY?
especially important.	MEDIC							
pecia		22. I hereby certify that I attended the deceased from March 30, 19 10, to march 31, 19 Othat I last saw the						
12		deceased aliv	e on mana	Law	and that death occur	3B. ADDRESS WOOD GOOD GOOD	m the causes and c	23c. DATE SIGNED
ct age	710	A. BURIAL, CRI ON, REMOVAL (Spec Burial	24B. DATE	0	24c. NAME OF CEMETE Cathedral		b. LOCATION (City, t	own, or county) (State)
Brrect		ATE RECEIVED	BY REGISTRAR			PE FUNERAL DIRECT	hener In	is Ball Md.

50 3033 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF OECEASED (Type or Print) 2. OATE OF DEATH 3. PLACE OF OEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in nospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 131to. Yrs. D. STREET AODRESS (If rural, give location) Moor c. Length of stay in Baltimore Dave 7. SINGLE, MARRIEO, WIDOWEO, OIVORCEO (Specify) 5. SEX 9. AGE (In years | II Under 1 Year last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE Wried 10a. USUAL OCCUPATION (Give kind of 10B. KINO OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done dring most of working life, even if etired INDUSTR WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME howid 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL SECURITY NO. INTERVAL BETWEEN 18. /J 3 X CAUSE OF DEATH ONSET AND DEATH OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEOENT CAUSES OISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. OATE OF OPERATION / 19B. MAJOR FINOINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) 21E. INJURY OCCURRED 21F. HOW OIO INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE! 22. I hereby eertify that I attended the deceased from 3/4/50, 19, to 3/30, 19, that I last saw the deceased alive on_ 31 23A SIGNATURE 23B. AODRESS 23c. DATE SIGNEO 244 BURIAL, CREMA-TION, REJOVAL (Specify) TANISLAUS CEM. BURIAL DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR D 7 - 1951 VS 150

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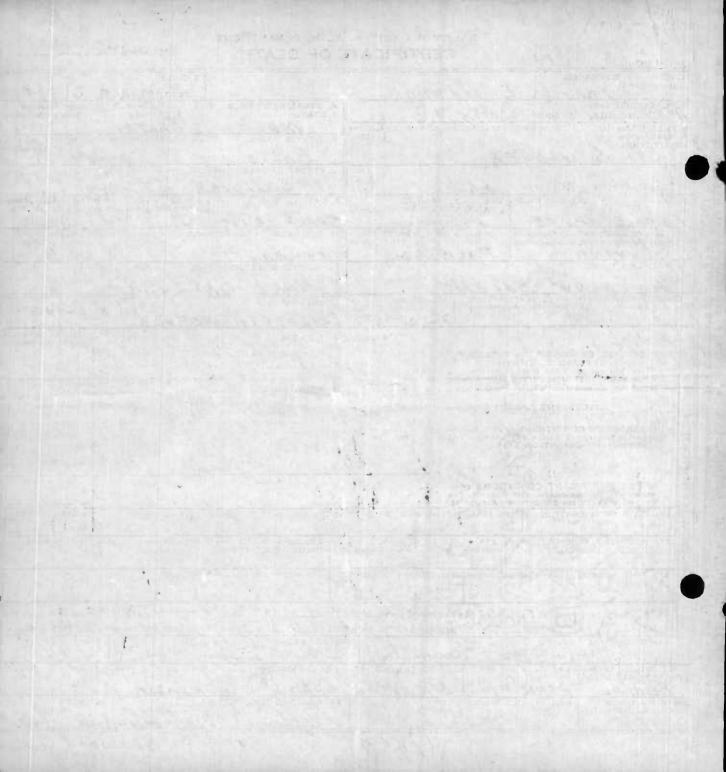
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W-656 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH MARCH FRANCES L WERNER 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: lesidence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF DALTO. HOSPITAL OR location) (If outside corporate limits, write RURAL and give 811 S. GLOVER BALTO. Yrs. p. STREET ADDRESS (If rural, give location Mos. 811 S. GLOVER c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years) last birthday) Months: Days Hours Min. MARCH 30,1883 67 11. BIRTHPLACE (State or foreign country) WIDOW 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? POLAND

14. MOTHER'S MAIDEN NAME formation CANNING 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or Dikhown) (If yes, give war or dates of service) 16. SOCIAL SII S. GLOVER (Yes, no or nphnown) SECURITY NO. ELIZABETH 216-01-8547 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION A 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT, SUICIDE. 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21p. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK Mark 19 Sthat I last saw the 22. I hereby certify that I attended the deceased from June , 19 7 70. deceased alive on huarle 3/ 1950, and that death occurred at 11 2 m, from the causes and on the date stated above. 238. ADDRESS 23A. SIGNATURE 23c. DATE/SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR DATE RECEIVED BY ADDRESS LOCAL REGISTRAR - 1956 VS 150



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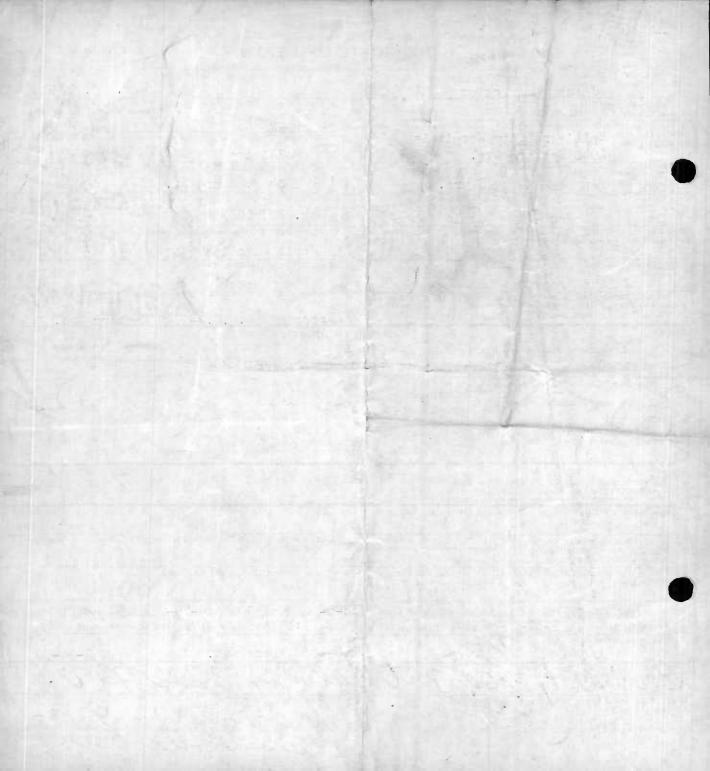
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REGISTRAR'S SIGNATURE

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BALTIMORE CITY HEALTH DEPARTMENT

50 3037
Registered No.

В	RTH NO.	CERTIFICAT	E OF DEATH	registered.	110,		
	NAME OF DECEASED (7.	2. DATE OF DEATH 3	/31/50			
Α.	PLACE OF DEATH: Baltimore City, Maryland	A. STATE	here deceased lived. I B. COUNTY	f institution: residence before admission)			
H	FULL NAME OF (If not in hospit OSPITAL OR ISTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and giv					
C.	Length of stay in Baltimore	D. STREET ADDRESS (If rural, give location) 3516 Chuley Uve					
1	SEX 6. COLOR OR RACE	8. DATE OF BIRTH	9. AGE (In years)	M Under 1 Yess H Under 24 Hours fonths Days Hours Min.			
1C worl	OA. USUAL OCCUPATION (Givekind of ork done during most of work luglife, even if retired) House Wiff Own Home		11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY		
	(Un Known) Ols	14. MOTHER'S MAIDEN NAME UNKNOWN					
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMEI s, no or naknown) (If yee, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	Tr. INFORMANT Erie V. Olson	3516 Elmi	Ly War		
IIFICATION	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode of the control o	TH off dying, c. g., ans the disease, caused death.) SES F ANY, GIVING STATING THE DUE TO	gette hest weelerote Car	Jachus des-Vasculs	u Die		
CERI	OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED	neles proceses on	ıa			
AL	19A. DATE OF OPERATION 2	98. MAJOR FINDINGS OF OPE	RATION U		20. AUTOPSY?		
MEDIC	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21D. TIME (Month) (Day) (Year) OF INJURY	218. PLACE OF INJURY (e. g., about bome, farm, factory, atreet, office bldg) (Hour) 21E. INJURY OCCURE WHILE AT NOT WHILE TIL. WORK AT WORK	etc.) INJURY OCCUR? RED 21F. HOW DID INJURY		give exact location)		
7	22. I hereby certify that I attended the deceased from March , 1950, to March 30, 1950, that I last saw the deceased alive on March 31, 1950, and that death occurred at 9.1/2 mill, from the causes and on the date stated above 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 23C. DATE SIGNED (State)						
DL	ATE RECEIVED BY REGISTRAS	5 SIGNATURE	Josh Sal	homos	ADDRESS TON		
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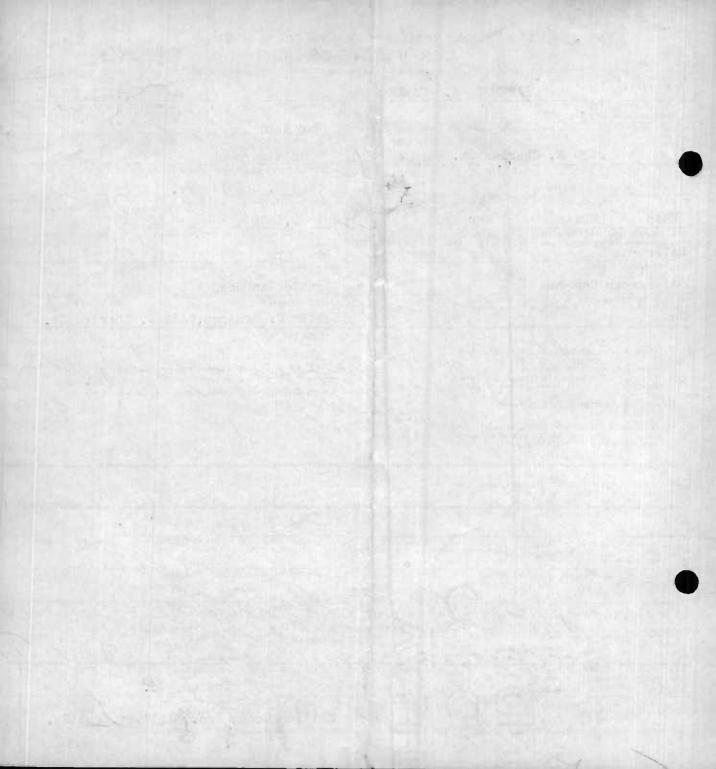
BALTIMORE CITY HEALTH DEPARTMENT

50 3038

CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF CLARENCE A. CAMERON DEATH April 1.1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, It institution; residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 2436 N. Charles St. Baltimore D. STREET ADDRESS (If rural, give location Yrs. Mos. c. Length of stay in Baltimore 2436 N. Charles St. Days 5 SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED AGE (In years | | Under | Year | | H Under 24 Hours | last birthday) | Months: Days | Hours: Min 9. AGE (in years) WIDOWED, DIVORCED (Specify) Male White Married July 9,1869 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) WHAT COUNTRY? Salesman Four Besche Bros New York 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alexander Cameron Jennie VanDusen 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yee, no or unknown) (If yee, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yee, no or unknown) SECURITY NO. Lettie E. Cameron, 2436 N. Charles St. 18. 443 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, aion Cardio-vosa injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER about home, farm, factory, etreet, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 3 . 3 , 195 to april / , 195 that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on 17 AR31, 1950 and that death occurred at 6:30 Am., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 3902 Irlenasunt he. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) (1) 24C. NAME OF CEMETERY OR CREMATORY 24O. LOCATION (City, town, of county) 2 AB. DATE Towson, Md. Burial Prospect Hill DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR William Cook, Inc., 1217 St. Paul St.

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50 3039 BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived If institution; residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE AGE (In years it Under 1 Year it Under 24 Hours last birthday) Months; Days Hours: Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME NKNOWN NOWA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or nnknnwn) (If yes, give war nr dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknnwn) SECURITY NO. JOHNS HOPKINS INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) EDI (Specify) about hnme, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE! 3-25 19 0 to , 1950 that I last saw the 22. I hereby certify that I attended the deceased from-. 1955, and that death occurred at 405Pm., from the causes and on the date stated above. deceased alive on_ 23c. DATE SIGNED 23A, SIGNATURE 23B. ADDRESS M. D. 24c. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION_REMOVAL (Specify) DISTRICT DURIA 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) MRS. MARY OF 3. PLACE OF DEATH: SUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or MARYLAND HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION PALTIMOYE-D. STREET ADDRESS (If rural, give location) Yrs. Mos. 2810 WIN chester STc. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) It Under | Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. AUG. 7-187 remale MARRIED 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? ANNAPOLIS -1 to usewife 13. FATHER'S NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or nnknown) SECURITY NO. V. 2810 WINChesi 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY nous 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? none 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE! 1948 to War 31, 193 hat I last saw the 22. I hereby certify that I attended the deceased from au 15 deceased alive on War 30, 1930, and that death occurred at / A.m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)/

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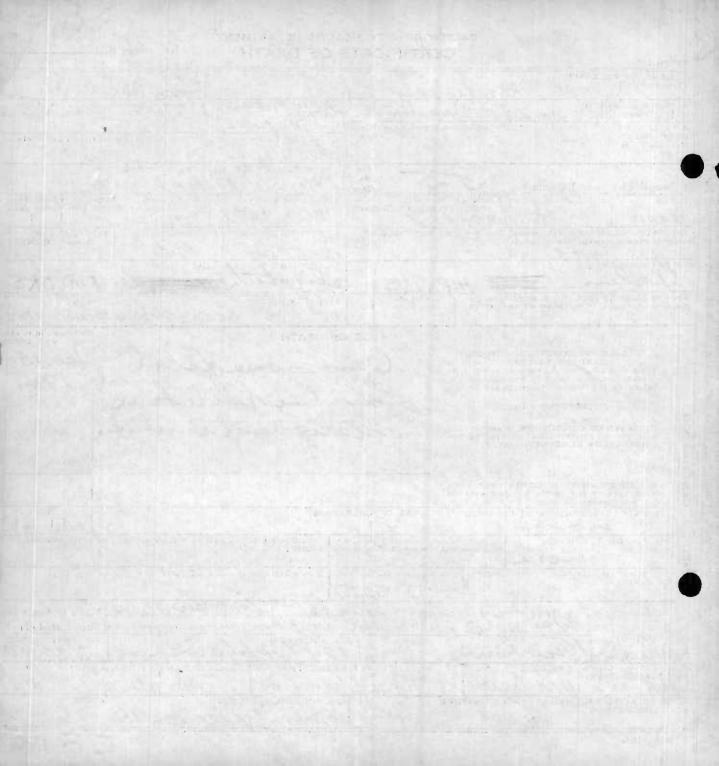
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BALTIMORE CITY HEALTH DEPARTMENT 53 3041 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Walter Webb Houck DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland Balt, more Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Tecation) B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Namorial Hospitz o. STREET ADDRESS (If rural, give location) YTS. Mos. c. Length of stay in Baltimore So. Charles Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) st birthday) Months Days Hours Min. Male Oct. 5 1882 White Married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Carataker of Maryland Pzyk 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Houck Louisz 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY 4-03-1144 Mrs. Minnie A. Houck . SEMA INTERVAL BETWEEN ONSET AND DEATH 6 2 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Physicians: please DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF 20. AUTOPSY CAL important. 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) ā HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WHILE AT 22. I hereby certify that I attended the deceased from Mars 19 . 1950 that I last saw the 1950 to mil 19.50, and that death occurred at 919 deceased alive on 9-A.m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR TION REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRÉSS VS 150

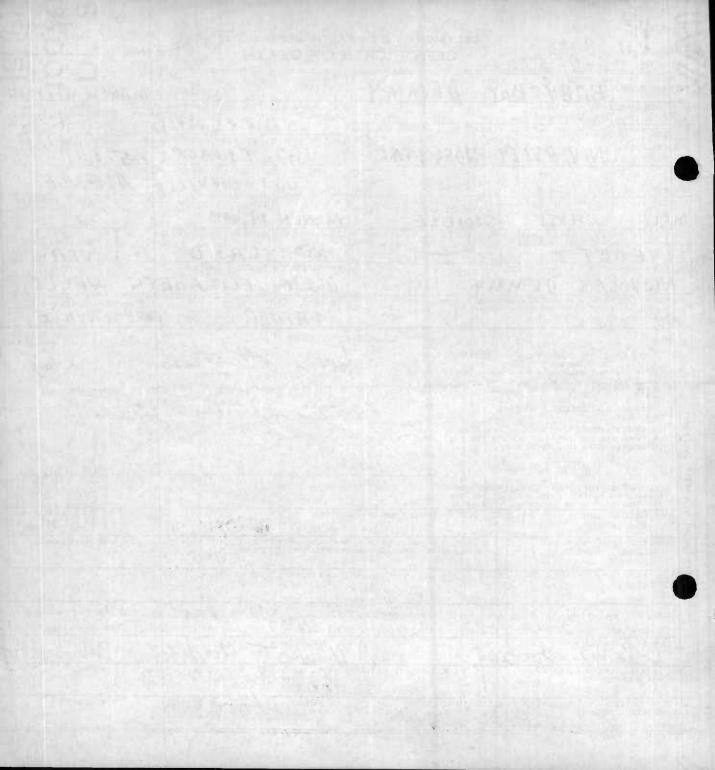
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HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO. 50-08981 1. NAME OF DECEASED 2. DATE (Type or Print) 5B1D665. DEATH 3. PLACE OF DEATH: USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write BURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. Mountmor c. Length of stay in Baltimore Days and 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) AGE (In years | fi Under i Year | ii Under 24 Hours last birthday) | Months: Days | Hours | Min. 9. AGE (In years) 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during Wost of working life, even if retired) INDUSTRY WHAT COUNTRY death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 10 causes INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL important. novo (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from. 19__. that I last saw the deceased alive on 3 - 23 . 19 50, and that death occurred at 6 30 p.m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA- 24B. DATE 24c. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS ADR 3 - 195 VS 150

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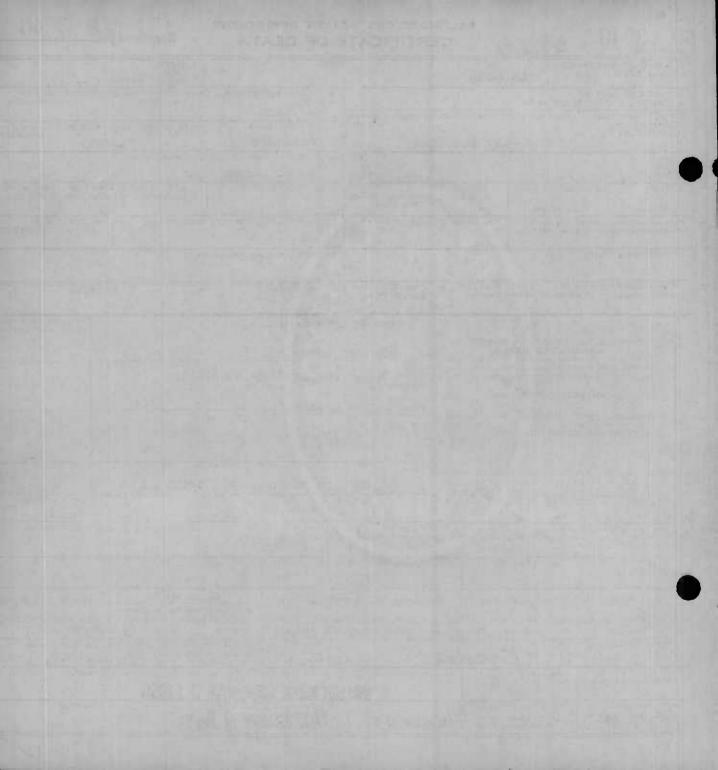


- 14	50 3044 BIRTH NO. 50-854/8	BALTIMORE CITY HE		Registered No	3044		
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	c. Length of stay in Baltimore & h	rs. 13 minute Days	7335 Sus	e Out spe	thours		
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5	15. VAS DECEASED EVER IN U. S. ARMED FORC	CES? 16. SOCIAL SECURITY NO.	ADI	ADDRESS Und. Gan. Hosp.			
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pecia	22. I hereby certify that I attende	d the deceased from 3-	950, 1950, to rred at 8 9 Am., from th	3-11 , 1950	that I last saw th		
Is es	23A. SIGNATURE		rred at 6 17 m., from the	In	23c. DATE SIGNED		
age	24A. BURAL, CREMA- TION, REMOVAL (Specify)	24C. NAME OF CEMET	F MEDICAL SCHOOL WAR 3	PARTITION City, town, or	1//		
correct age is espe	DATE RECEIVED BY REGISTRAR'S SIC	NATURE	25. FUNERAL DIRECTOR		ADDRESS		
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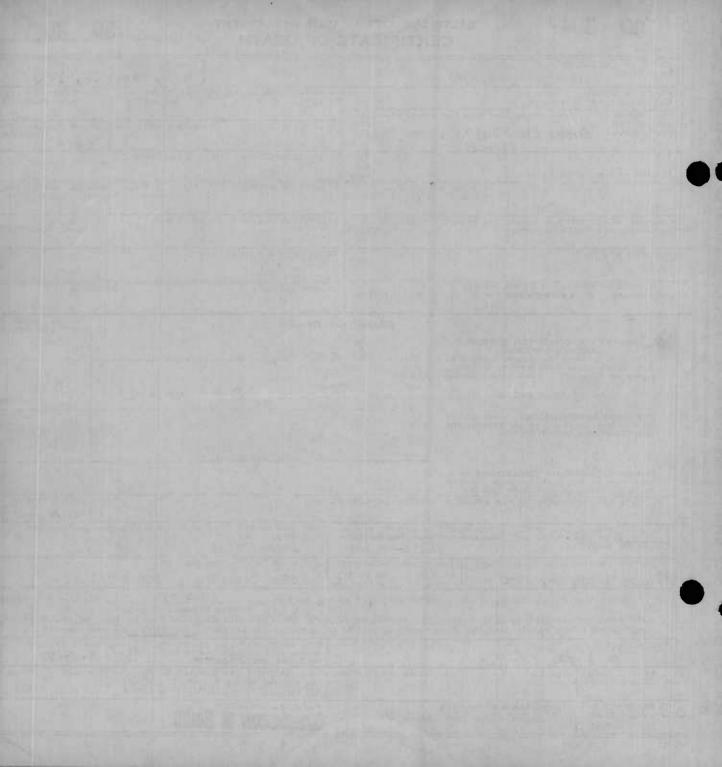
3045 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE Hose a. Dollenger (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland Actions House B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Roctors Hospita HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS, (If rural, give location) N. Julton ave c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 9. AGE (In years | II Under | Year | II Under 24 Hours last birthday) | Months Days | Hours | Min. 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 108, KIND OF BUSINESS OR 12. CITIZEN OF 11. BLATHPLACE (State or foreign country) INDUSTRY WHAT COUNTRY Uphololores 13. FATHER'S NAME une myal 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY leute coronary inf arterioselerosis. LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19a, DATE OF OPERATION | 19B, MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21c. WHERE DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE 30, 1950, to_ , 1950, that I last saw the 22. I hereby certify that I attended the deceased from_ 1950, and that death occurred at deceased alive on Q.m., from the causes and on the date stated above. 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24C NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 24A. BURIAL, CREMA-TYON) REMOVAL (Specify) 24B. DATE Duria DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR

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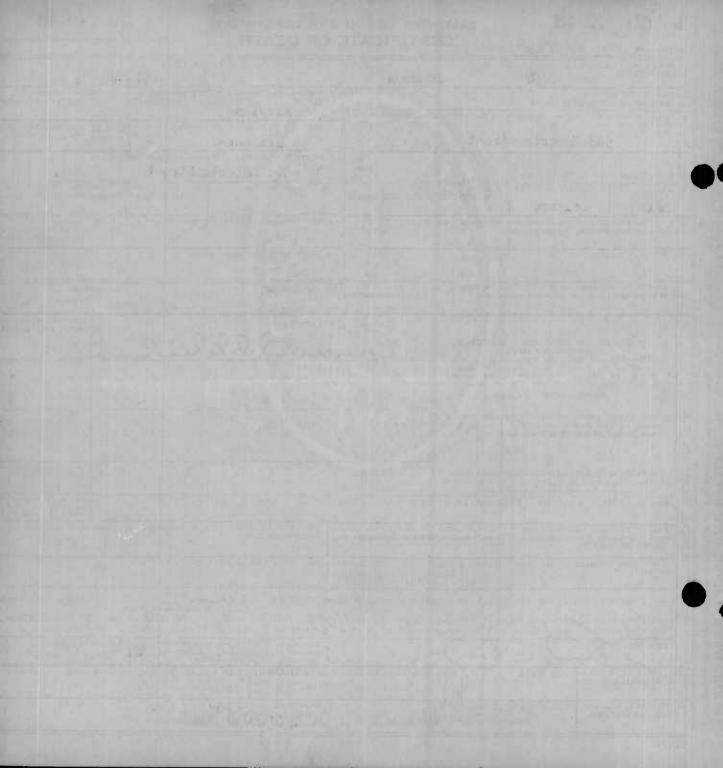


BALTIMORE CITY HEALTH DEPARTMENT O Registered SD CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF UNKNOWN DEATH March 28, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Found floating in Jones Falls Pier 6 Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | ff Under I Yest | ff Under 24 Hours | last birthday) | Months; Days | Hours | Min. information should be s of death clearly and l WIDOWED, DIVORCED (Specify) remale White 11 WBIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'SKNAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED AVER IN U. S. ARMED FORCES? Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. of NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 19A. DATE OF OPERATION WITH LAINLY, WITE 21a. EXTERNAL CAUSE WAS
PRIMARY A OR CONTRIBUTING | about home, farm, factory, street, office bidg., etc.)
CAUSE OF DEATH. 21c. WHERE DID (If in Baltimore City, give exact location) Jones Falls Falls--water 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED Found March 28, 1950 Found floating in Jones Falls Autopsy 22. I eertify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \Box , accident \Box , suieide \Box , homicide \Box , undetermined \Box . RITE is esp ASSISTANT MEDICAL EXAMINER SE W 3-29-50 MEDICAL INVESTIGATOR. OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY DATE RECEIVED BY REGISTRAR'S SIGNATURE . ADDRESS LOCAL REGISTRAR Thurting or I invalle it VS 151



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PLEASE WRITE CAINLY, WITH UNFADING INK. Every item of information should be excfully supplied. correct age is especially important. Physicians: please write the causes of death clearly and it is

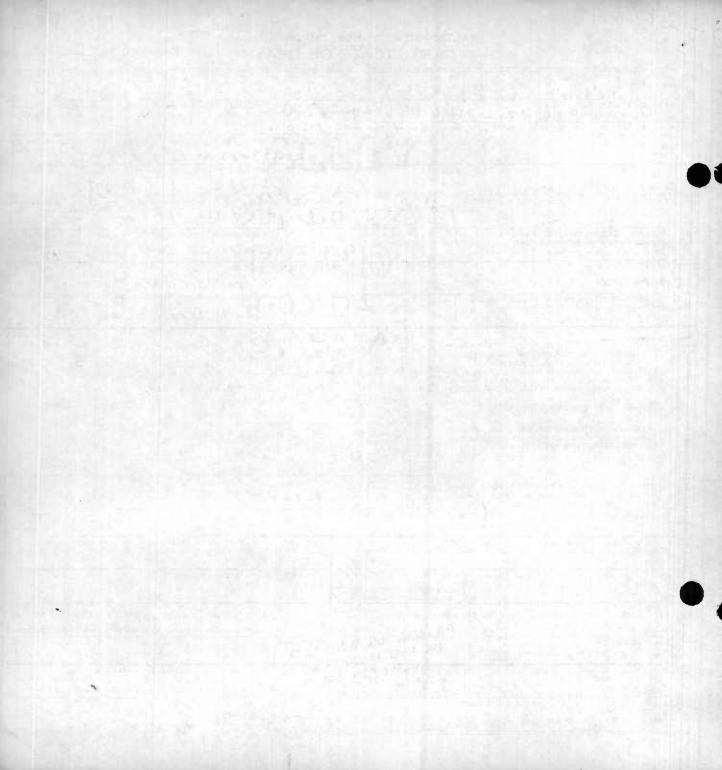
BALTIMORE CITY HEALTH DEPARTMENT

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Registered No.

	BIRTH NO.	<u> </u>		CERTIF	ICATI	E OF DEATH		8-21-14		
	1. NAME OF D (Type or Print)	ECEASED TUS	EPHI	VE U	VILL	-1AMS	2. DAT OF DEAT	3 -	-31	-50
	s. PLACE OF D. A. Baltimore C	City, Maryland	4. USUAL RESIDEN	NCE (Where decea			on: residence efore admission)			
	B. FULL NAME HOSPITAL OR INSTITUTION	FRANKLI	N S 9	DVARE	address or location)	c. CITY OR TOWN	(If outside con	rporate limit	s, write R	RURAL and give township)
	c Langth of si	tay in Baltimore			Yrs. Mos.	D. STREET ADDRES	(If rural, give	location)	8	7
1 200	5. SEX	6. COLOR OR RACE		MARRIED, ED, DIVORCE	Days D (Specify)	8. DATE OF BIRTH		(In years		Hours Min.
-	OA. USUAL OCOTA dony turing most	CUPATION (Give kind of f working life, even if retired)	108. KIND		SS OR DUSTRY	11. BIRTHPLACE IST	ate or foreign coun	itry)	12. CIT	IZEN OF AT COUNTRY?
	13. FATHER'S N	ENSEN	0	ORSE	4	14. MOTHER'S MAIL	DEN NAME	RAI	VC)	15
0	15. WAS DECEASE Yes, no or unknown)	D EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURI	TY NO.	17. INFORMANT RECORDS - F		А	DDRESS	
MOITA	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO DUE TO DUE TO								ONS	RVAL BETWEEN ET AND DEATH
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	deceased al				th occur	3 - 30, 1950, red at 8 41 Am., 1 38 ADDRESS			he date	
K	24A. BURIAL, CO TION, REMOVAL (S SWAL) DATE RECEIVED	Grif 4.	1950	arba	CEMETEI Lus	Num. S.C.	Gally CTOR	ichy, town,		
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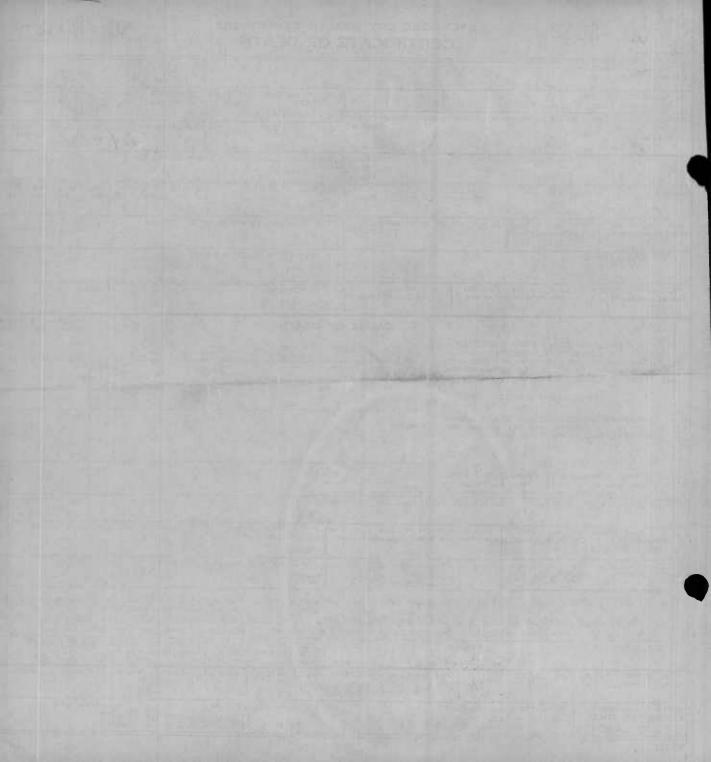


BI	50 3051	CERTIFICATE	E OF DEATH	Registered N	3051		
	NAME OF DECEASED (Spe or Print)	rae Evans		2. DATE OF DEATH	11.1950		
Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospits)	or institution, give street address or	4. USUAL RESIDENCE (W	here deceased lived. If in B. COUNTY	nstitutión : residence before admission)		
HC	OSPITAL OR STITUTION SHOPK	() location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and giv township				
	Length of stay in Baltimore	Mos.	o. STREET ADDRESS ALT	rural, give location)	2		
_		Days 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		Inder 1 Year Munder 24 Hours ths Days Hours Min.		
ory	DA. USUAL OCCUPATION (Give kind of 1 kepne during most of working life, even if retired)	OB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or to	reign country)	12. CITIZEN OF WHAT COUNTRY		
13	S. FATHER'S NAME	~	14. MOTHER'S MAIDEN NAME				
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210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK AT WORK							
	22. I hereby certify that I attendeceased alive on , 23A. SIGNATURE WALTE Lawrence	19, and that death occur		he causes and on the	that I last saw the date stated above 23c. DATE SIGNED 4-1-50		
	AA. BURIAL, CREMA- 24B. DATE	24C. NAME OF CEMETER		ne arund			
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TIC	ATE RECEIVED BY REGISTRAR'S OCAL REGISTRAR PR 3 - 1350	m 10 11 0	25. FUNERAL DIRECTOR	Funeral (ADDRESS		

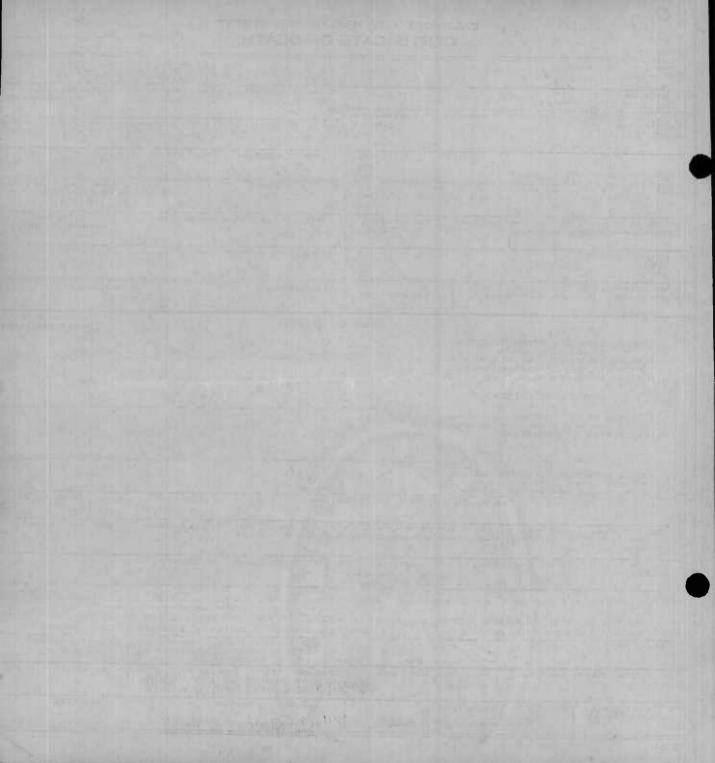
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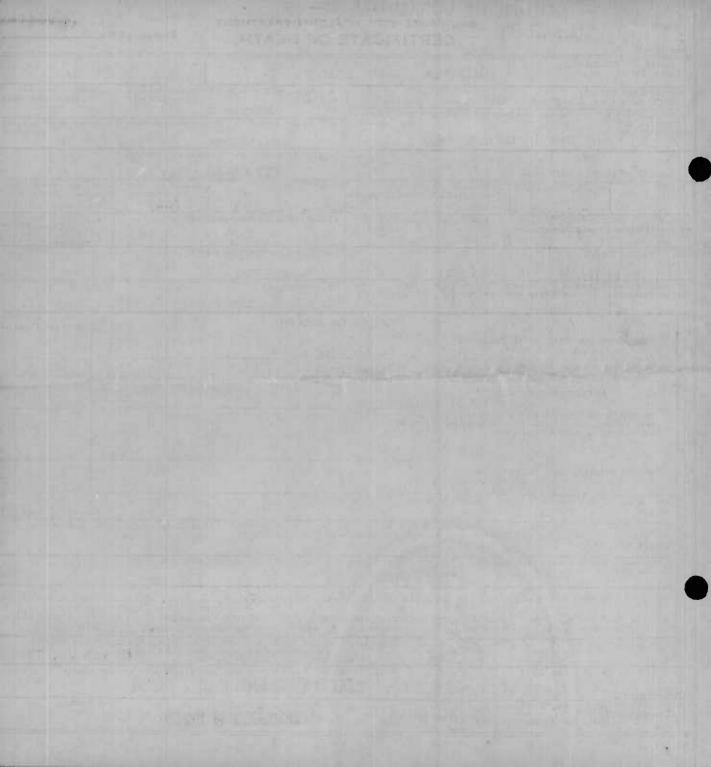
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY before admission) A. STATE A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give HOSPITAL OR INSTITUTION D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days AGE (In years | Months Days | Hours Min. 7. SINGLE, MARRIED 6. COLOR OR RACE 8. DATÉ OF BIRTH 5. SEX WIDOWED, DIVORCED (Specify) 12. CITIZEN OF 10 NKIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of WHAT COUNTRY? INDUSTRY work done during most of working life, even if retired) 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 16. SOCIAL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT ADDRESS (Yes, no or unknown) | (If yes, give war or detes of service) SECURITY NO. causes INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH fateriogaleration C.V disease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION YES mportant. EDICA (If in Baltimore City, give exact location) 21c. WHERE DID 21B. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE AT WORK WORK thereon and from 22. I certify that I took charge of the remains described above, held an _ Autopsy, Inspection or Inquiry espec the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes accident , suicide , homicide , undetermined . 23B. CHIEF MEDICAL EXAMINER... 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR. 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) 24A. BURIAL, CREMA-248. DATE ADDRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 151



HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED OF (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF (If outside corporate limits, write RURAL and give location) HOSPITAL OR o. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 9. AGE (In years | Munder I Year | Munder 24 Hours | last birthday) | Months Days | Hours | Min. 8. DATE OF BIRTH 7. SINGLE, MARRIED 6 COLOR OF RACE WIDOWED, DIVORCED (Specify) 12. CITIZEN OF 11. BIRTHPLACE (State or foreign country) 108 KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Givekind of WHAT COUNTRY? INDUSTRY work done during most of working life, even if retired) 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no or unknown) (If yes, give war or dates of service) W16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. (Yes, no or unknown) causes INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUF TO Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21a. EXTERNAL CAUSE WAS 21b. PLACE OF INJURY (c. g., in or PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21c. WHERE DID INJURY OCCUR? ō CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE! WORK thereon and from 22. I certify that I took charge of the remains described above, held an especia Autorsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 238. CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED 23A. SIGNATURE MEDICAL INVESTIGATOR ... 24D. LOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE correct 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOGAL REGISTRAR VS 151 131a



3	RTH NO.	50 305	ICAIL BAL	CORRECTO HE CERTIFICATI	EALTH DEPARTMENT OF DEATH	Registered	50 3	3054
	NAME OF D	ECEASED	Wil:	liam Edward F	OSTER, Jr.	2. DATE OF Ma:	rch 25	, 1950
Α.	PLACE OF D Baltimore (City, Maryland		ent Hospital	4. USUAL RESIDENCE A. STATE Maryla	B. COUNTY		on : residence pefore admission
H	SPITAL OR STITUTION	Providen		location)	c. CITY OR TOWN Baltimo	(If outside corporate lin	its, write $P = 0$	RURAL and give township
& Section 1		tay in Baltimore	Lif	Days		re Alley		
5.	SEX	6. COLOR OR RACE	WIDOW U Ma	E. MARRIED. /ED.DIVORCED (Specify) rried	Sebt. 22. 1900	49 (502)	if Under 1 Year Months: Da	ar If Under 24 Hours Lys Hours Min.
10 work	A. USUAL OC done during most of Chauffer	CUPATION (Give kind of of working life, even if retired)	71	OF BUSINESS OR INDUSTRY	Raltimore,	Md.		TIZEN OF HAT COUNTRY
13	.FATHER'S N	lam Edward Fo	N ster. S	Or .	14. MOTHER'S MAIDEN	NAME		
15	. WAS DECEASE	D EVER IN U. S. ARMED	FORCES?	1 16. SOCIAL	17. INFORMANT		ADDRESS	3
(10	, no or nakagwa)	(11 yes, give war or dates	or service)	N SECURITY NO.	Ethel Bentrice	Foster-Wife-	710 Pr	une St.
RTIFICATION	OTHER S	ANTECEDENT CAUSES OR CONDITIONS. III	F ANY, GIVIN STATING TH ST. TIONS CON	(C)				
CE		F OPERATION 1		FINDINGS OF OPER	RATION		20	D. AUTOPSY?
MEDICAL	PRIMARY D	NAL CAUSE WAS OR CONTRIBUTING DEATH. (Month) (Day) (Year)	about home, f	ACE OF INJURY (e.g., i farm, factory, street, office bldg., v 21e. INJURY OCCURR WHILE AT NOT WHILE	etc.) INJURY OCCUR?	(If in Baltimore City	yE, give exac	
	the evi	idence obtained by ath in my opinion	ge of the	remains described a	bove, held an Inst Autop Inquiry, find that said X, accident , suice	sy, Inspection or Inquir deceased died on ide , homicide ,	the day	mined .
24 TIC	A. BURIAL. (S	CREMA: 248. DATE		24c. NAME OF CEMETE	.D. MEDICAL INVESTIG	AL EXAMINER 2	March 2	25, 1950
D.	ATE RECEIVE	D BY REGISTRAR			25. FUNERAL DIRECTO	of Health Robt	ADDRE	ess Liams
VS	151	Equips.		Service Servic	. 1 4 .		771	D) Land



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE OF John Albert Schmid, Sr 4. USUAL RESIDENCE (Where deceased lived, If institution; residence S. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township Baltimore St. Joseph's Hosp Yrs. D. STREET ADDRESS (If rural, give location) Mos. 6106 Old Harford Rd. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH last birthday) Months; Days Hours: Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even If retired) INDUSTR' WHAT COUNTRY? Proprietor, Drug Store Philadelphia 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknowe) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. CAUSE 18. 20. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY VES X 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! 22. I hereby certify that I attended the deceased from March 19, , 1950 to March 31, , 1950 that I last saw the deceased alive on March 31 1950, and that death occurred at 10:35am, from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS 71,00 N. Caroline St 24C. NAME OF CEMETERY OR CREMATORY | 24D NOCATION (City, town, or gounty) 24B. DATE ON, REMOVAL (Specify) FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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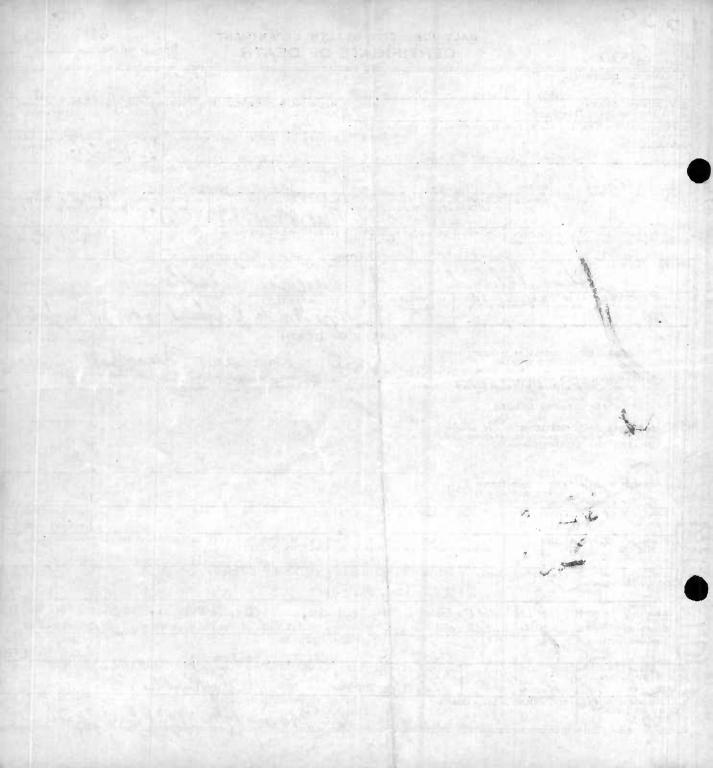
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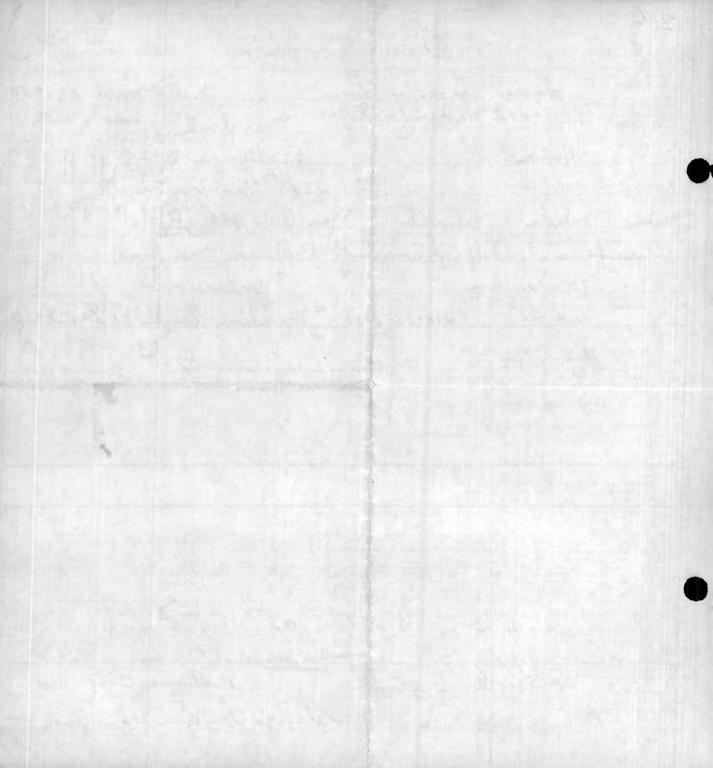
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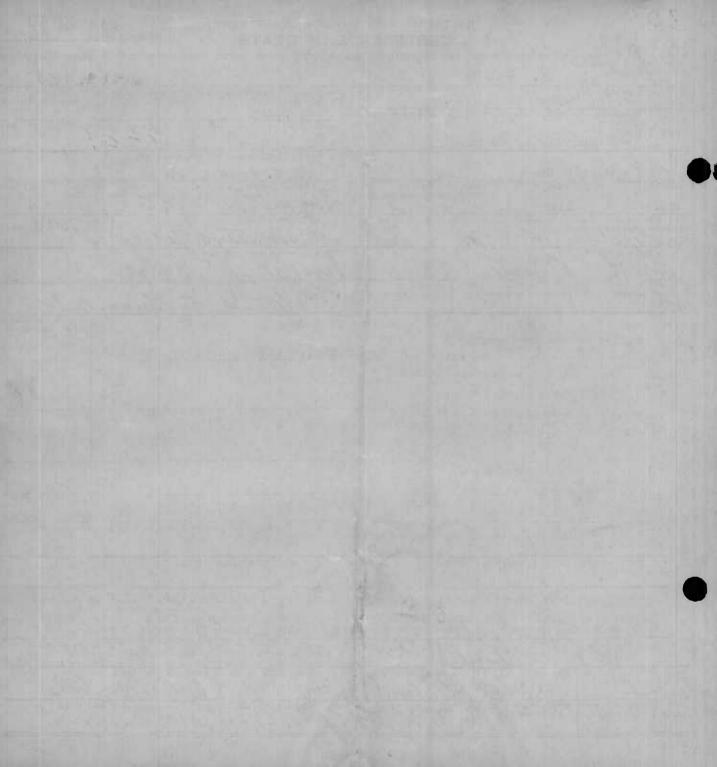
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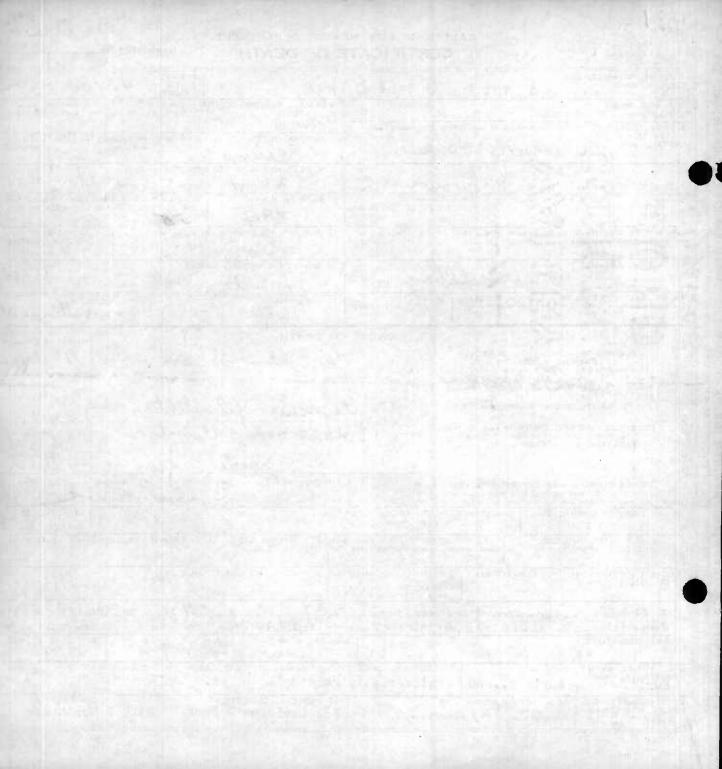
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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF OECEASEO 2. OATE (Type or Print) JOHN E. CHOATE DEATH April 1, 1950 3. PLACE OF OEATH: 4. USUAL RESIOENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) I'f not in hospital or institution, give street address or Maryland HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) University Hospital Baltimore Yrs. D. STREET AOORESS (If rural, give location) Mos. c. Length of stay in Baltimore 201 W. Franklin Street Days 6 COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years K Under I Year Hours Min. WIOCWEO, DIVORCED (Specify and id owe male white 10A. USUAL OCCUPATION (Give kind of HPDACE (State or foreign country) 108. KINO OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired INDUSTR WHAT COUNTRY inotuha Uherator 13. FATHAR'S NAME MOTHER'S MAIDEN NAME (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL AODRESS SECURITY NO. unsey / Il CAUSE OF DEATH INTERVAL BETWEEN AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO OEATH Hypertensive cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNCERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. OATE OF OPERATION 198, MAJOR FINOINGS OF OPERATION 20. AUTOPSY? 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF OEATH. 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) (If in Baltimore City, give exact location) 21c. WHERE OLO INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURREO 21F. HOW OID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK WORK 22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER 23c. OATE SIGNEO ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR 244 BURIAD CREMA-240. LOCATION (City, M DATE RECEIVED BY RALDRECTOR ADDRESS APR 3 - 1950 VS 151



of information should



BALTIMORE CITY HEALTH DEPARTMENT

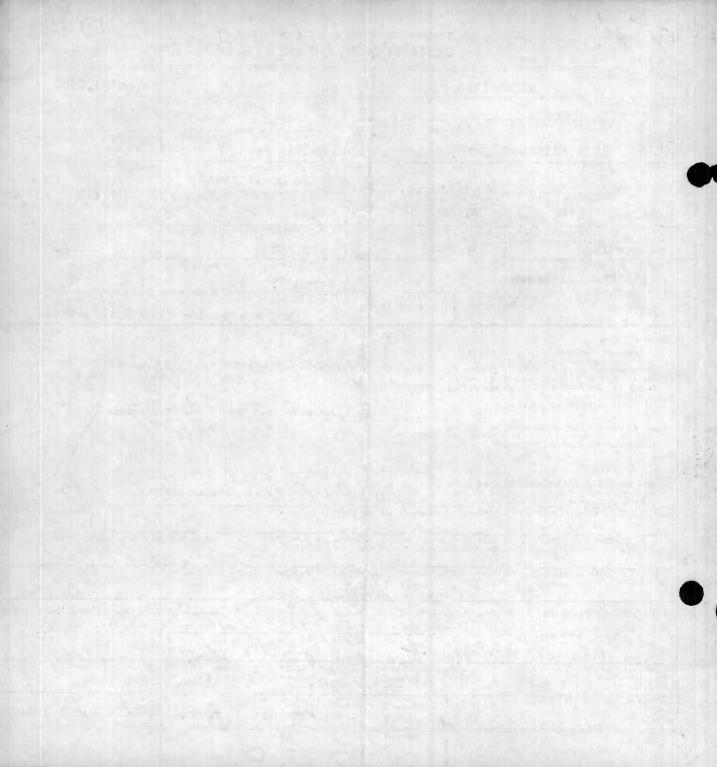
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1	RTH NO.			CERTIFICATI	E OF DEATH	- negistered	
1.	NAME OF D					2. DATE	
(T	(Type or Print) NAOMI BERNSTEIN					DEATHMarch	31,1950
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or					A. STATE	NCE (Where deceased lived, I: B. COUNTY	f institution : residence before admission)
H	FULL NAME OSPITAL OR	OF (II not in nospit	ai or institut	location)			
1701 Ellamont Street			Baltimore /5-05 township)				
c. Length of stay in Baltimore 56 Yrs. Mos. Days				Mos	D. STREET ADDRESS (If rural, give location) 2324 Ocala Avenue		
5.	Female	6.COLOR OR RACE White	7. SINGLI	E. MARRIED. VED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last hirthday) M	Il Under 1 Year onths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWISE Own Home			11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
13	. FATHER'S				14. MOTHER'S MAIDEN NAME		
	Abral	nam Silverman			Sarah ????		
15	. WAS DECEAS	ED EVER IN U. S. ARMET	FORCES?	I 16. SOCIAL	17. INFORMANT ADDRESS		
(Ye	no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.		rnstein- 2324 Oc	
	INTERVA						INTERVAL BETWEEN
	18. / 7	4 X	DIDECTLY		_		ONSET AND DEATH
	DISÉASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Branchopneumonia - Jerminal						l 12 Rrs
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
	ANTECEDENT CAUSES Carcinena uterus with metastarin						5 Mg
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
CA	UNDERLYING CONDITION LAST.						
IFI		II.		(C)			
CERT					lyed arte	vo selerour	9 pro
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA				RATION		20. AUTOPSY?
K		none					YES NO
MEDICAL	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) about bome, farm, factory, street, office bldg., etc.) 21B. PLACE OF INJURY (e. g., in or location) INJURY OCCUR? (If in Baltimore City, give exact location) INJURY OCCUR?						
2		(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
	OF INJURY	now	_ m.	WHILE AT NOT WHILE AT WORK			
	22. I hereby certify that I attended the deceased from 3/36, 1950 to 3/3/, 1950 that I last saw the						
	deceased alive on 3/3/, 19 50 and that death occurred at 920 Pm., from the causes and on the date stated above.						
	23A. SIGNA		eldme	an Q M.D.	817 St.	Paul St	4/1/50
2.	4A. BURIAL,	CREMA- 24B. DATE			RY OR CREMATORY	24D. LOCATION (City, tow)	
TL	ON REMOVAL (4-4-50		Enai Israel	Cong.	Baltimore, Mary	land
	ATE RECEIVE		S SIGNAT	URE	25. FUNERAL DIRI	ECTOR & Bros-1124-26	W North Ave.
11_	APKJ	19001	1.04-1100	MANUAL INCOME.	1 10		

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correct age is especially important. Physicians: please write the causes of death clearly and le ly.

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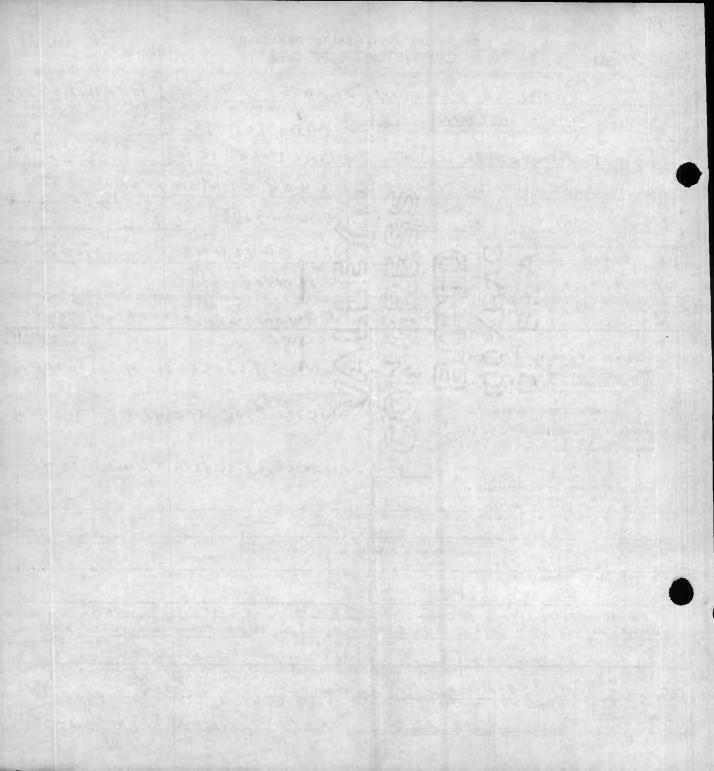


BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED. 2. DATE (Type or Print) FRANCIS MARTIN STOUT OF HPRIL1,1950 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY before admission) HOME. A. Baltimore City, Maryland MARYLAND (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION BALTIMORE E. MONUMENT ST. 2404 o. STREET ADDRESS (If rural, give location) Yrs. LIFE. Mos. 2404 E. MONDATENT c. Length of stay in Baltimore Days 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years 5. SEX 6. COLOR DR RACE If Under I Year If Under 24 Hours last birthday) Months; Days Hours: Min. MARCH 91883 M WIDOWED 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of) 12. CITIZEN OF INDUSTRY work done during most of working life, even if retired) WHAT COUNTRY? TAXL. DRIVER ARYLAND AB. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HNNE RANCIS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or onknown) (If yes, give war or dates of service) SECURITY NO 2404 E. MONUM STOUT 217-14-9583 NTERVAL BETWEEN CAUSE OF DEATH 18.420.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY W CORONARY OCCLUSION LEADING TO DEATH JUDDEN (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) OUE TO BRONCHO. PNEUMONIA ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CARTERIOSCIEROTIC HEART DISEASE YOHRS OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20. AUTOPSY? 19B. MAJOR FINDINGS OF OPERATION MONE (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F, HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE WHILE AT 22. I hereby certify that I attended the deceased from 3 - 20 -1950 to 17PR. 1 , 1950 that I last saw the deceased alive on 3 - 28 1950 and that death occurred at 1 G. no from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 4230 HOCH KAYDIY JUVA. 24A. BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify) PAC NAME OF CEMETERY OR CREMATORY | 240, LOCATION (City, town, or county) blow. Qurial DATE RECEIVED BY 28. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 2.334

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REGISTRAR'S SIGNATURE

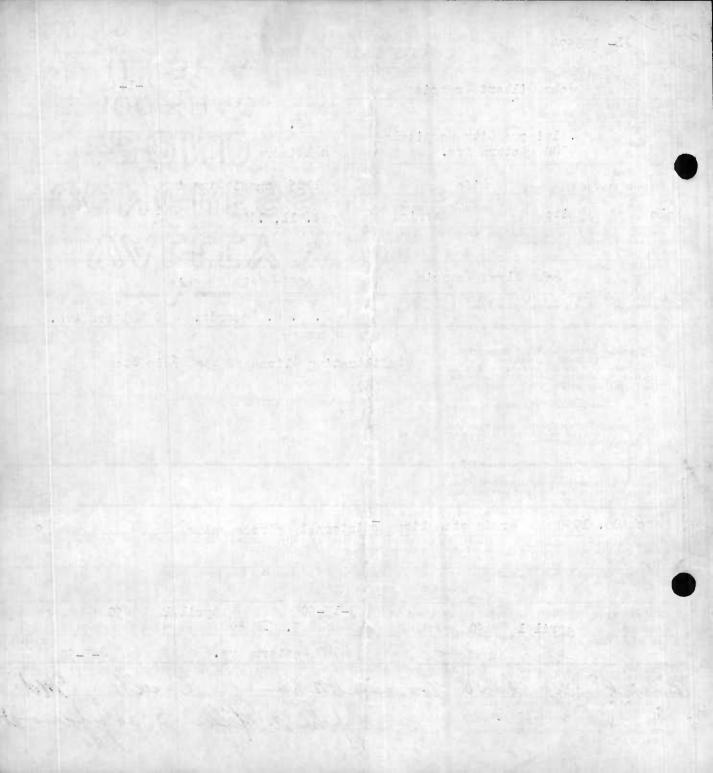
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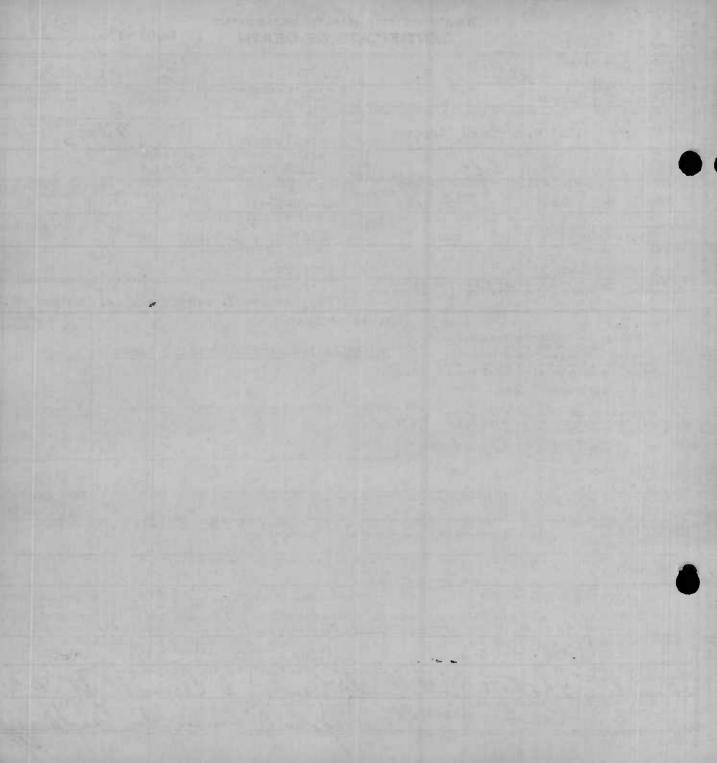


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В	300 RT50. 3064	BALTIMORE CITY HI	EALTH DEPARTMENT E OF DEATH	Registered No.	3064
	NAME OF DECEASED MARY	E.	LLOYD	2. DATE OF DEATH April	1, 1950
Α.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (titution : residence before admission)
H	SPITAL OR	tal or institution, give street address or location) ombard Street		if outside corporate limits, v	vrite RURAL and give
	Length of stay in Baltimore	Life Yrs. Mos. Days	D. STREET ADDRESS (I		
5.	SEX 6. COLOR OR RACE Female White		8. DATE OF BIRTH	9. AGE (In years last birthday) Month	er I Year in Under 24 Hours is Days Hours Min.
worl	A. USUAL OCCUPATION (Give kindo done during most of working life, even if retired Housewife FATHER'S NAME	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Baltimore, Mary	rland	CITIZEN OF WHAT COUNTRY
	Charles Grap		Anna Popp		
15 (Ye	. WAS DECEASED EVER IN U.S. ARME , no or unknown) (If yes, give war or dat	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Mr. Charles T.		RESS Lombard St.
RTIFICATION	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.				
FIC	11	(6)			
ш	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
U	19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER	RATION		YES NO X
EDICAL	21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or PRIMARY OR CONTRIBUTING About home, farm, factory, street, office bldg, etc.) CAUSE OF DEATH.				
ME	21c.TIME (Month) (Day) (Year OF INJURY) (Hour) 21e. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK		Y OCCUR?	
M. T. T. M.	the evidence obtained by and death in my opinion		Inquiry, find that said of Saccident □, suicides 23B. CHIEF MEDICAL ASSISTANT MEDICAL .D. MEDICAL INVESTIGA	Inspection or Indury leceased died on the c _, homicide _, und EXAMINER	etermined []. DATE SIGNED 4-3-50
TIC	A. BURIAL, CREMA- 248. DATE IN REMOVAL (Specify) VIEW RECEIVED BY REGISTRAR ICAL REGISTRAP	5-0 St Paul	25. FUNERAL DIRECTOR	Donnell	State) ODRESS

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

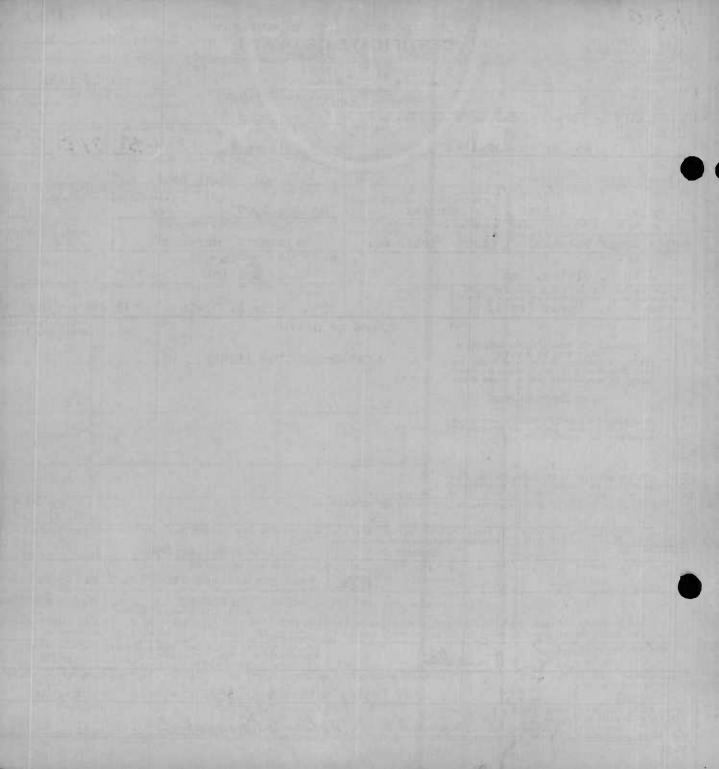
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Physicians:

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Physicians: please write the causes of death clearly and legimy.

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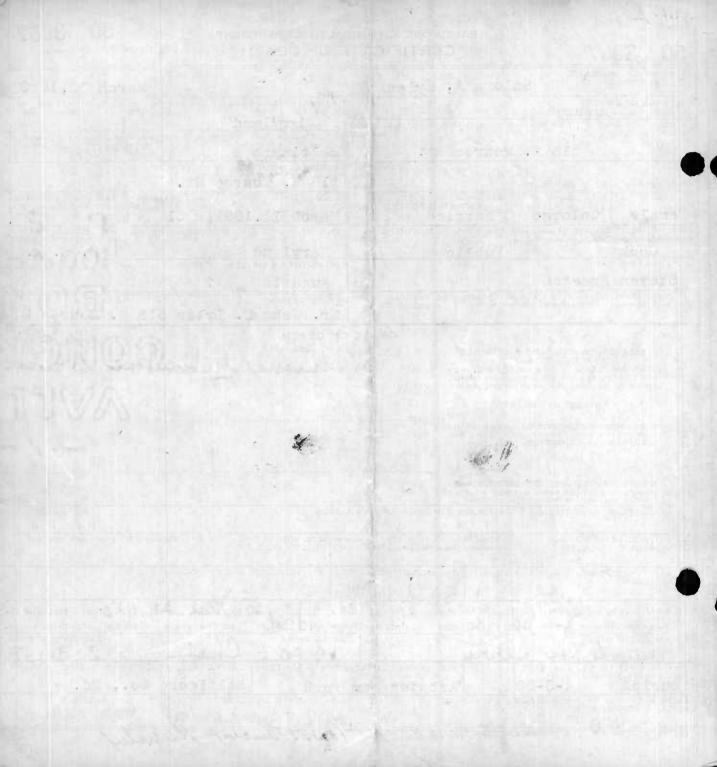
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			PALTIMOPE CIT	HEALTH DEPARTM	ENT	00 3067		
131	Дн no30	67		ATE OF DEATH				
1. (T	NAME OF D		loma A. Lyles		2. DATE OF Marc	h 30,1950		
	PLACE OF D			4. USUAL RESIDEN	ICE (Where deceased lived, If in			
В.	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institution, give street addition loc	ress or Marylan c. CITY OR TOWN Baltimore	-			
					S (If rural, give location)			
		tay in Baltimore		Days 518 N. Mon	518 N. Monroe St.			
	emale	Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (S Married	Bpecify) 8. DATE OF BIRTH March 11.1	last birthday) Mon	Under Year H Under 24 Hours hths Days Hours Min.		
	done during most o	CUPATION (Give kind of if working life, even if retired)	108. KIND OF BUSINESS (OR 11. BIRTHPLACE (Sta		12 CITIZEN OF WHAT COUNTRY		
13	COOK	NAME	Public	Maryland 14. MOTHER'S MAID	DEN NAME	U. S. A.		
	Steven	Preston		Augusta				
15	s, no or onkoowo)	D EVER IN U. S. ARMEE	FORCES? 16. SOCIAL SECURITY	17. INFORMANT	17. INFORMANT ADDRESS			
(10	a, no or one ower,	(1.) 500 8010 1101 01 0100	SECURITY	Mr. John K	. Lyles 518 N.	Monroe St		
ERTIFICATION	heart failu injury or DISEASE:	ont mean the mode of the asthenia, etc. It mean the complication which of anticological and anticological anticolo	ins the discase, caused death.) DUE TO SES (B)		y Tubercul oxis			
H								
CERT	OTHER SIGNIFICANT CONDITIONS CDN- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
_	19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPER			OPERATION		20. AUTOPSY?		
Y						YES NO		
MEDICAL	HOMICIDE	ENT, SUICIDE, (Specify)	218. PLACE OF INJURY about home, farm, factory, street, office	(e. g., in or 21c. WHERE DIE INJURY OCCUR:		ive exact location)		
Ó	OF INJURY	(Month) (Day) (Year)	WHILE AT NOT	CURRED 21F. HOW DID I	NJURY OCCUR?			
	22. I hereby certify that I attended the deceased from hat. 2] 1850, to here, 20, 19 6that I last saw							
deceased alive on 1950, 1950, and that death occurred at d'A.m., from the causes and on the date					e date stated above			
	23A. SIGNA	4 Kou D	UVIY M.	0. 1420 E.	Chan	3.31.40		
TI.	on removal (S Burial	248. NATE 4-3-50	24c. NAME OF CE		Baltimore Co			
-			12230000	CE ELMEDAD DIDE	cros	ADDRESS		

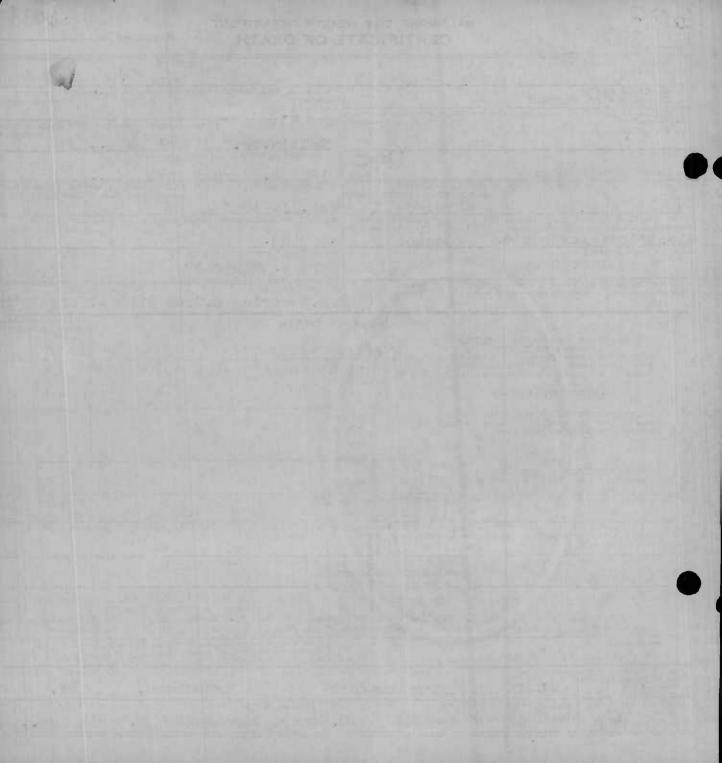
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

578 W. Biddle St.

Mrs. Frances A. Hemsley 578 W. Biddle St. W.

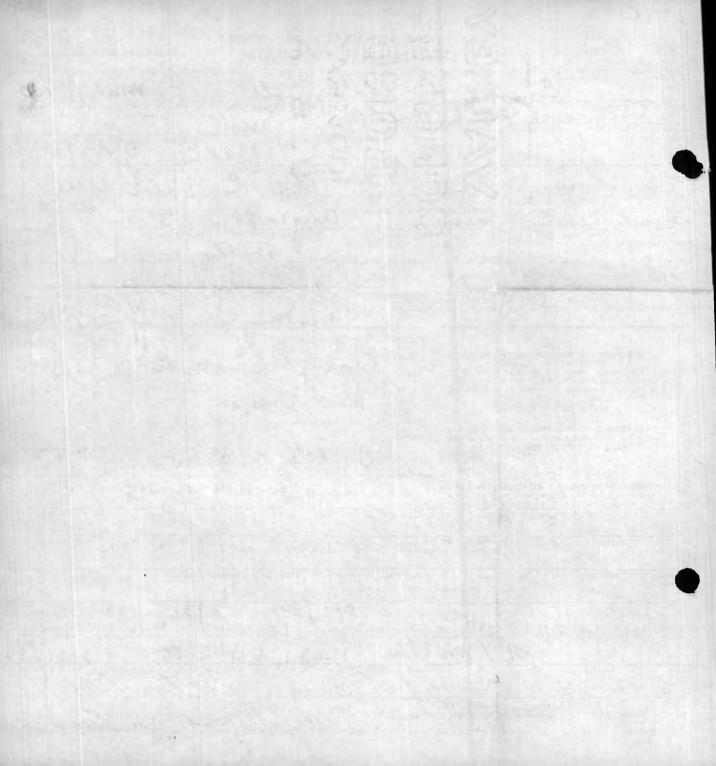


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BALTIMORE CITY HEALTH DEPARTMENT 3969 Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If Cural, give location Mos. c. Length of stay in Baltimore Days SINGLE, MARRIED, WIDOWED, DIXORCED (Specify) 6. COLOR OR RACE AGE (In years If Under I Year If Under 24 Hours last birthday) Months Days Hours Min. 8. DATE OF BIRTH AGE (In years) 10A. USUAL OCCUPATION (Give kind of 11. BIRTAPLACE (State or foreign country) 10B. KIND C BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. CAUSE OF 60 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 4 years Doabets mellitis OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about bome, farm, factory, street, office bldg., etc.) | INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE AT WORK WORK U 19_ 1950 that I last saw the 22. I hereby certify that I attended the deceased from. 1950 and that death occurred at deceased alive on 3 an., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24c. NAME OF CEMETERY OR ON (City, town, or county) 24A. BURIAL, CREMA-24B. D ADDRESS DATE RECEIVED BY LOCAL REGISTRAR VS 150

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WHILE AT

22. I hereby certify that I attended the deceased from___

, 1920, and that death occurred at 12 com. from the causes and on the date stated above. deceased alive on_ 23A. SIGNATURE

0 248 DATE

24A. BURIAL CREMA-

DATE RECEIVED BY

24c, NAME OF CEMETERY OR CREMATORY

25. FUNERAL DIRECTOR

23B. ADDRESS

. 1950 to

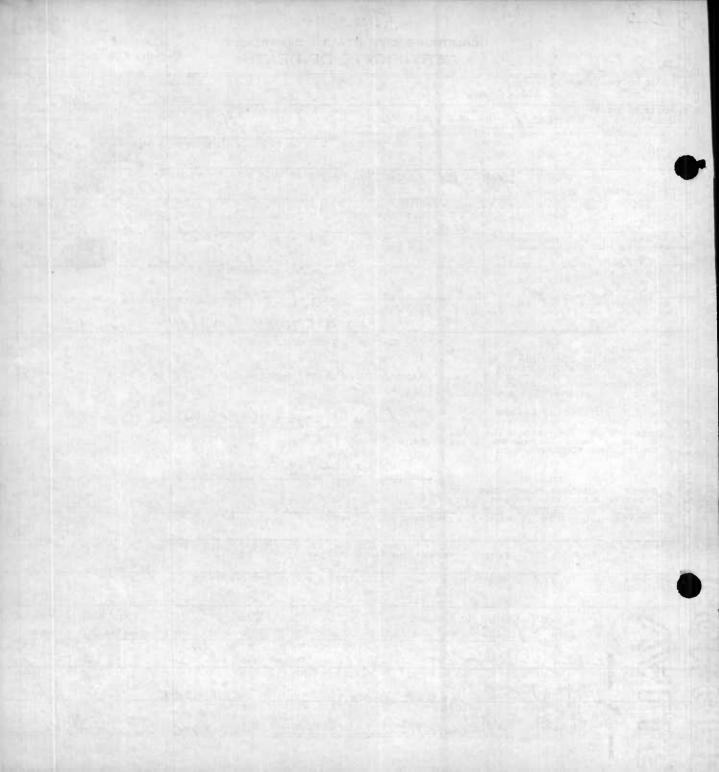
3 - 31 , 1980, that I last saw the

20. AUTOPSY

23c. DATE SIGNED

before admission)

VS 150



BALTIMORE CITY HEALTH DEPARTMENT 3071 Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) GEN. Auso Yrs (If rural, give location) D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED. 6. COLOR OR RACE 9. AGE (In years If Under 1 Year last birthday) Months Days WIDOWED, DIVORCED (Specify) Hours: Min. maus clearly 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Homem 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death Elizabeth Mugen 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 3121 St. Cant. St. 16. SOCIAL 17. INFORMANT SECURITY NO. Allest of schuele NTERVAL BETWEEN CAUSE OF DEATH 18. 1.01 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20 AUTOPSY 1 198 MAJOR FINDINGS OF OPERATION CHIEF OR ASST. MEDICAL EXAMINER. (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID HOMICIDE about home, farm, factory, street, office hidg., etc.) INJURY OCCUR? verdent 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) wom Hank water OF INJURY NOT WHILE WORK 1980 that I last saw the 196 to. 22. I hereby certify that I attended the deceased from_ deceased alive on 3/3 L. from the causes and on the date stated above. 196 and that death occurred at_ 23A. SIGNATURE 23B. ADDRESS 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR GREMATORY TION. REMOVAL (Specify) Baltemore, Maryland Cathedral Burial ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR are al son, 8054 Calver huiting for / White stie, the VS 150

death clearly and legibly.

causes of

Physicians: please write the

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MEDICAL

is especially important.

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correct

BALTIMORE CITY HEALTH DEPARTMENT

50 3072

BIRTH NO.	16	CERTIFICATI	E OF DEATH	Registered No.	
1. NAME OF D (Type or Print)		AILLES L. BUCKINGHAM		2. DATE OF DEATH March	31, 1950
3. PLACE OF D A. Baltimore (B. FULL NAME	City, Maryland	al or institution, give street address or	4. USUAL RESIDENCE (A. STATE Md.	Where deceased lived. If ins	stitution : residence before admission
HOSPITAL OR INSTITUTION	5212 Florence	location			
	tay in Baltimore	Yrs. Mos. Days	b. STREET ADDRESS (I		
female	6.COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 6, 1870		der i Yest H Under 24 Hours hs Days Hours Min.
10A. USUAL OC work done during most Housewi	CUPATION (Give kind of of working life, even if retired) 1e	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY		
13. FATHER'S N	G. Harman		14. MOTHER'S MAIDEN NAME Eliza J. Buckingham		
15. WAS DECEASI (Yes, no or unknown)	ED EVER IN U.S. ARMEE (If yes, give war or date	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Mr. Michael E		oress Av 5212 Florence
(This does heart failu	EE OR CONDITION LEADING TO DEA' not mean the mode of the asthenia, etc. It mea complication which of	DIRECTLY TH of dying, e. g., ns the disease,	of DEATH Luon	haze	Whe week
Z	ANTECEDENT CAUS	SES (B) Heft	tenses Creh	n-Voawlu	2

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

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OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED

DUE TO

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF

OPERATION

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

NOT WHILE

22. I hereby certify that I attended the deceased from Mord Ly, 1950, to Mark 31, 19 50 that I last saw the

deceased alive on mand 30, 19 50 and that death occurred at 11. D.m., from the causes and on the date stated above. 23A. SIGNATURE seber

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 50

Lorraine Cem.

2 30 2 Edmondra 24c. NAME OF CEMETERY OR CREMATORY

21F. HOW DID INJURY OCCUR?

21c. WHERE DID

INJURY OCCUR?

23B. ADDRESS

240. LOCATION (City, town, or county)

(If in Baltimore City, give exact location)

Woodlawn. JAN J. DICKNE

DATE RECEIVED BY REGISTRAR'S SIGNATURE APR 3

20. AUTOPSY?

23c. DATE SIGNED

50

Burial

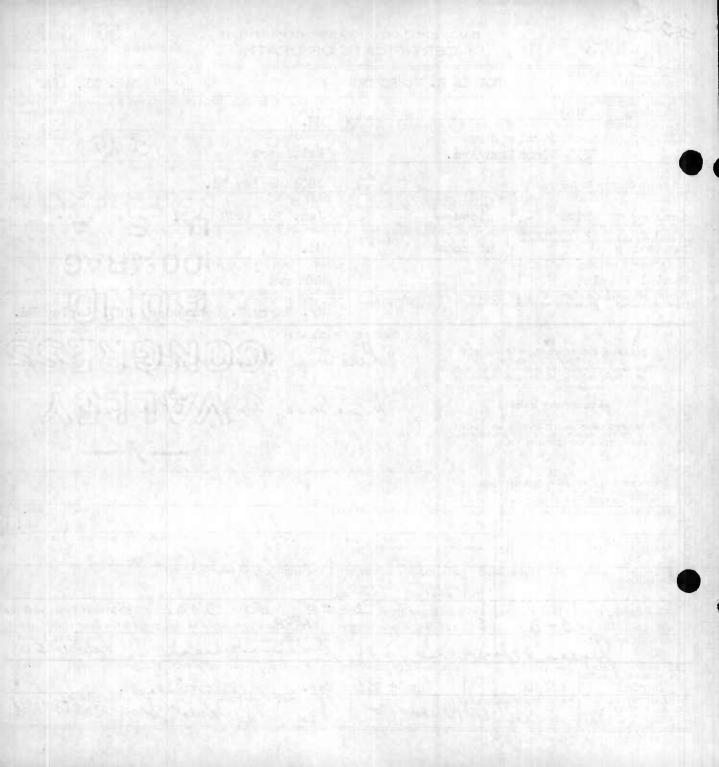
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 3073 Registered No_

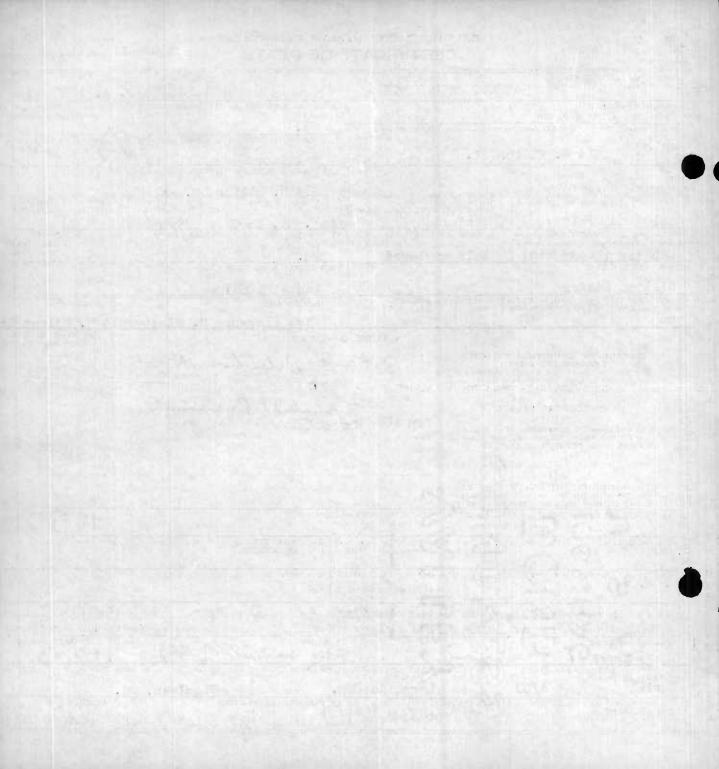
E	BIRTH NO.			OEI(111 10)(1			
	I. NAME OF DECEASE Type or Print)	D	MOLLIE	E E. SCHROEDEI	?	2. DATE OF DEATH	ar. 31, 1950
1	B. PLACE OF DEATH: A. Baltimore City, M B. FULL NAME OF (n) or instituti		A. STATE	NCE (Where deceased lived B. COUNTY	
F	HOSPITAL OR HOO	d Nursin	ng Home	location	c. CITY OR TOWN Baltimore	1 5	mits, write RURAL and give township)
	002	O Damoii	20011 111 (Yrs.	}	SS (If rural, give location,)
U	. Length of stay in 1			Mos. Days	3601 Cop1		
	female whi	or race	7. SINGLE WIDOW Widow	E, MARRIED, ED, DIVORCED (Specify	Jan. 30,	last birthday)	Months Days Hours Min.
WO	OA. USUAL OCCUPATION Adoption of the control of the	ON (Give kind of ife, even if retired)	at ho	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	state or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	3. FATHER'S NAME				14. MOTHER'S MA	IDEN NAME	
	Daniel Yeagle				Unknown		
0	5. WAS DECEASED EVER	IN U.S. ARME give war or date	D FORCES? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mr. Harry	W. Schroeder	ADDRESS 3601 Copley Rd.
TOTION OF THE PROPERTY OF THE	(This does not ment heart failure, asther injury or complication of the ANTEC	nia, etc. It mes ation which EDENT CAUS EDITIONS, I	of dying, e. gans the diseas caused death SES IF ANY, GIVING STATING THE	e, .) DUE TO	na Corac a	rkris Selar	ouz
		CANT COND	NOT RELATE	D.			
A I A	19A. DATE OF OPER			FINDINGS OF OPE	RATION		20. AUTOPSY?
FDICAL	21A. ACCIDENT, SU HOMICIDE (Speci	ICIDE, fy)		ACE OF INJURY (e. g., farm, factory, street, office bldg.			y, give exact location)
	21D. TIME (Month) OF INJURY	(Day) (Year		21E. INJURY OCCURE WHILE AT NOT WHILE WORK AT WORK		INJURY OCCUR?	
	22. I hereby certif		tended the	deceased from 3	- 20 ,1050	to 3-3/,1	950, that I last saw the n the date stated above.
	deceased alive on_	ian By	Lowe		23B. APORESS	To co	23c, DATE SIGNED
	24A, BURIAL, CREMA- TION, REMOVAL (Specify) Burial	248. DATE 4/3/50		24c. NAME OF CEMET Druid Ridg		24b. LOCATION (City, to Pikesville, M	
	DATE RECEIVED BY	REGISTRAR	'S SIGNATU		25. FUNERAL DIR		s. Halle Md

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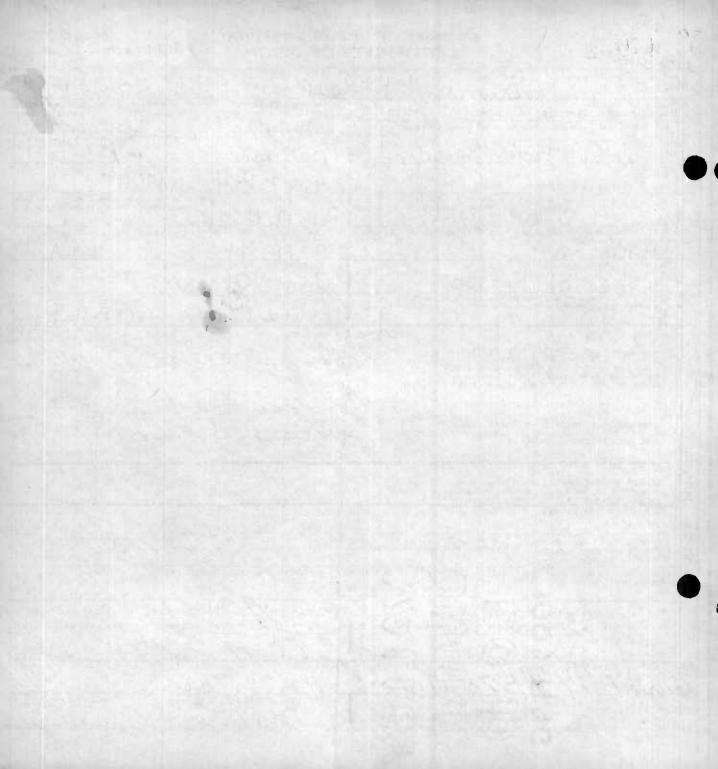
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- 5 BI	2 0 0 50 30'	74		LTIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	Registered	50 3074 No
	NAME OF D Type or Print)		LBERT W	ARD HISSEY		2. DATE OF DEATH Apr	1. 1950
	PLACE OF DI Baltimore C	EATH: City, Maryland			4. USUAL RESIDENCE		
8.			al or institut	ion, give street address or location)	Md.	f autside cornoraté lièn	its, write RURAL and give
in	NOITUTION	614 N. Hilt	on St.		Baltimore	6	-08 township)
legibl o	Length of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (III		
5.	male	6.COLOR OR RACE	WIDOW	E, MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	fi Under 1 Year H Under 24 Hours 1 Onths Days Hours Min.
clearly	A. USUAL OC	CUPATION (Give kind of	108. KINE	ngle O OF BUSINESS OR	Aug. 21, 1880 11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF
clea		(working life, even if retired)		employed	Md.		WHAT COUNTRY?
death	FATHER'S N	IAME			14. MOTHER'S MAIDEN N	AME	1/
	William	Hissey D EVER IN U.S. ARME	FORCEC	1.10.000111	Laura Glandin	<u> </u>	
causes of	m, no or unknown)	(If yes, give war or date	s of service)	16. SOCIAL SECURITY NO.	Miss Florence		ADDRESS
Physicians: please write CERTIFICATION	DISEASE: RISE TO T UNDERLY OTHER S TRIBUTING	complication which ANTECEDENT CAU S OR CONDITIONS, HE ABOVE CAUSE (A) YING CONDITION L. SIGNIFICANT COND S TO THE DEATH, BUT STEASE OR CONDITION	F ANY, GIVII STATING TO AST.	(C) N• ED	who Delatation romalish Proceed		
				FINDINGS OF OPER			20. AUTOPSY?
important.	21A. ACCIDE HOMICIDE	NT. SUICIDE, (Specify)		ACE OF INJURY (e. g., i farm,factory,street,office bldg.,		If in Baltimore City,	YES NO Sive exact location)
	21D. TIME (OF INJURY	Month) (Day) (Year		21E, INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		Y OCCUR7	
especiall	deccased al	ive on my 31	tended the _, 19 50 .	and that death occur			17, that I last saw the the date stated above.
ect age is	4A. BURIAL, (ON, REMOVAL (SBUTIAL) ATE RECEIVE OCAL REGIST,	CREMA- 24B. DATE decify 4/4/50 D BY REGISTRAR		M.D. 24C. NAME OF CEMETE Lorraine Ce	RY OR CREMATORY 24D. L	To the top of the top	
	VS 150		- 0	988	99		107



BALTIMORE CITY HEALTH DEPARTMENT 3075 Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write HURAL and give INSTITUTION attimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore ralls 1000 Days 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 9. AGE (In years | | Under | Year | | Under 24 Hours | last birthday) | Months; Days | Hours | Min. WIDOWED, DIVORCED (Specify) Married clearly 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRYS Minister. 13. FATHER'S NAME death Nathanie 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no of unknown) (If yes, give war or dates of service) SECURITY NO No haura Rozier. 18. CAUSE OF DEATH 20.0 DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) .. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO nay + artenoclustes to gua ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Physicians: (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION . 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. 218. PLACE OF INJURY (e. g., in nr about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 2 IF. HOW DID INJURY OCCUR? OF INJURY especially NOT WHILE 22. I hereby certify that I attended the deceased from how 30, 1857, to washing, 1950 that I last saw the deceased alive on Mand 19 5 Dand that death occurred at 7 4 Mit om the causes and on the date stated above. 23A, SIGNATURE 23C. DATE SIGNED 24A. BURIATE CREMA-24c, NAME OF CEMETERY OR CREMATORY surial DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR Thurtinator Miliams, Me ADD 2 - 1951 VS 150



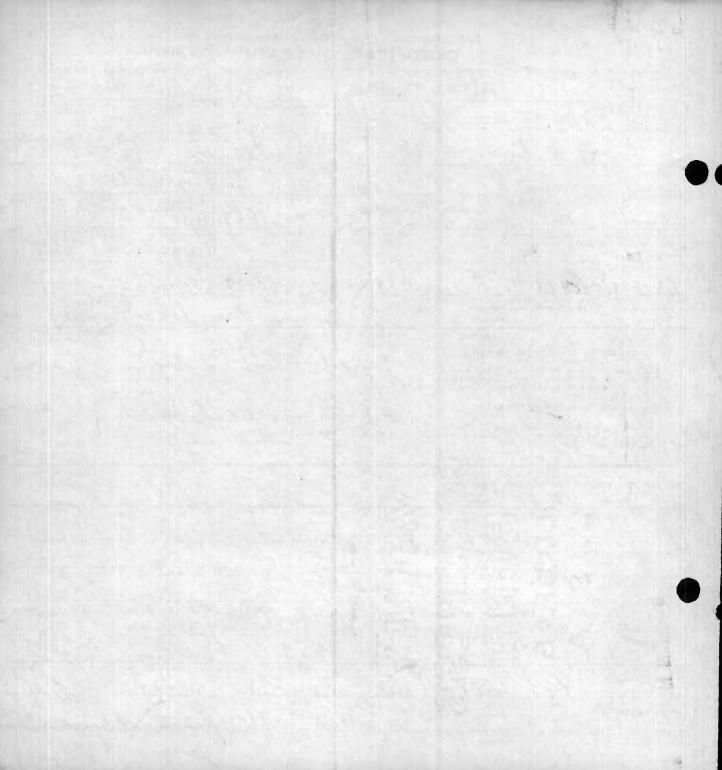
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 3076

Registered No.

Di	KIH NO.								
	NAME OF DECEAS	ED	Eliza	e Burto			2. DATE. OF DEATH	arch 29,19	50
	PLACE OF DEATH: Baltimore City, I	Maryland		Model	4. USUAL RES	IDENCE (W	here deceased lived B. COUNTY	. If institution: residenc before admis	e sion)
	FULL NAME OF SPITAL OR	(If not in hospita	al or institution, s	give street address location	or ha	rylan	old somewhat I	mes, wripe RVRAL and	
	STITUTION C3	W. Les	uni gton	1 1	Ba	Itam	or 1	8-0 towns	
			0	Yrs		DRESSO (If I	rural, give location	10	
c.	Length of stay in	Baltimore		Mos Day		1, Left	ington.	st.,	
5.	SEX 6. CO.	LOR OR RACE	7. SINGLE, MA	ARRIED, DIVORCED (Speci		RTH	9. AGE (In years last birthday)	Months: Days Hours:	Hours Min.
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10 work	A. USUAL OCCUPAT doos during most of workin	TION (Give kind of glife, even if retired)	10s. KIND OF	BUSINESS OR INDUST	ĬI. BIRTHPLAC	E (State or fo	reign country)	12. CITIZEN OF WHAT COUNTY	ΓRΥ?
1/3	FATHER'S NAME	12	AI.	1	14. MOTHER'S	MALDEN NA	AME		
	Corniel	aus	Chan	ners	1/1/08	Ma.	Vims		
15 (Yes	, WAS DECEASED EVER	R IN U. S. ARMED	FORCES? 16	SECURITY NO	17. INFORMAN	T	10112	ADDRESS / 4	
	No				Jann	y dee	, 104h,	Topplelon	st
	18. 442 X			CAUSE	OF DEATH			ONSET AND DE	/EEN
	LEAD	CONDITION	ГН	ρ,	11-00	PD.	1	3.470	
	(This does not m heart failure, asth	enia, etc. It mea:	ns the disease,	(A)		- 4000		- 7,04	zo.
	injury or compli			OUE TO	Λ				
7	ANTE	CEDENT CAUS	ES	m Hyu	entension	era	diovase	la	
TION	DISEASES OR C			OUE TO RE	moln.			,	********
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ERTI	OTHER SIGNIF	II ICANT CONDI	TIONS CON-						
CEI	TRIBUTING TO THE								••••
.1	19A, DATE OF OPE	RATION 0 1	98. MAJOR FI	NDINGS OF OF	ERATION	COOK		20. AUTOPS	
DICAL			L DIE DI ACE	OF INTERNAL	io or 21c. WHER	EDID (I	f in Reltimore Cit	YES NO	
MEDI	LYING OR CON CAUSE OF DEATH	TRIBUTING	about home, farm,	OF INJURY (e. lactory, street, office blo			I in Dammore Ch	y, give exact location)	
~	210. TIME (Month OF INJURY	(Day) (Year)	(Hour) 21E.	INJURY OCCU		DID INJURY	OCCUR?		
	0. 11133111		m. WHILE		к				
	22. I hereby eert	ify that I att	ended the dec	eased from_7	- el 18 19	950, to_7	March251	950, that I last sau	the
	deceased alive or	Man 2°	1, 1950 and	that death oc	curred at P	_m., from ti	he causes and o	n the date stated ab	
	23A SIGNATURE	and Ch	ussel	P VM. D.	-23B. ADDRESS	W. F.	rahlin	23c, DATE SIGI	
	HA. BURIAL, GREMA	4-3-	950 06	Rallo.	national	240. L	Ballon (City to	own, or county)	ate
	ATE RECEIVED BY	REGISTRAR	S SIGNATURE	Misus, No	25. FUNERAL	DIRECTOR	00	ADDRESS 325	N

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

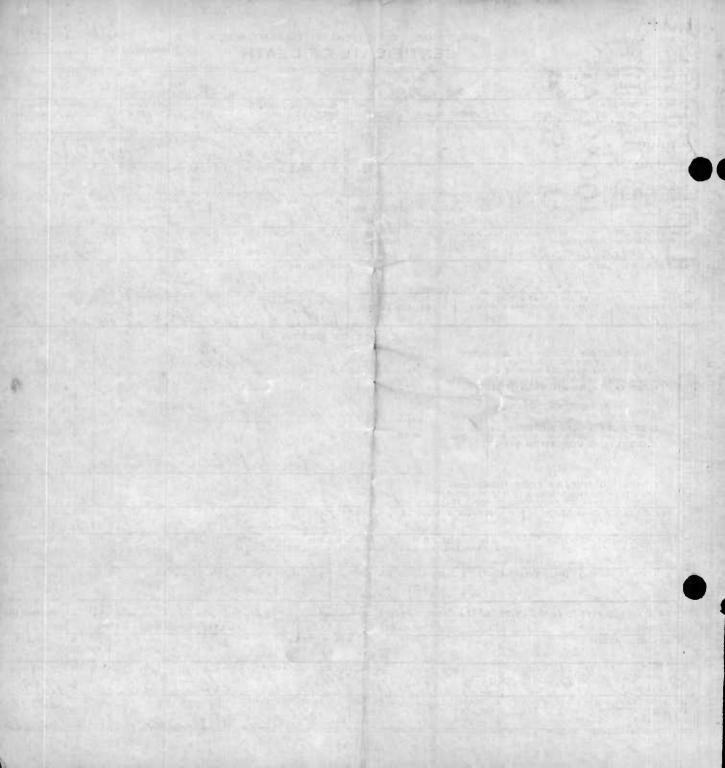


UFFMAN 50 3077 BALTIMORE CITY HEALTH DEPARTMENT Registered No .__ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF mar DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) A. STATE (If not in hospital or institution, give street address or B. FULL NAME OF lemane HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If, rural, give location) Yrs. Mos. c. Length of stay in Baltimore Davs 6. COLOR PR RACE 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | ft Under 1 Year | It Under 24 Hours last birthday) | Months; Days | Hours | Min. Medamey 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPDACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if petired) INDUSTRY WHAT-COUNTRY Yourunit 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yee, give war or dates of service) of 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES lacuia (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Testimal Obstavition OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR EINDINGS OF OPERATION 19A. DATE OF OPERATION A 20. AUTOPSY Pace d 218. PLACE OF INJURY (g., in or about home, farm, factory, street, officeabldg., etc.) 21c. WHERE DID 21A. ACCIDENT, SUICIDE, (If in Baltimore City, give exact location) HOMICIDE (Specify) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! 3-30 1900 that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 3 - 27, 19 50, and that death occurred at_ A.m., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 30 M. D. 24A. BURIAL, CREMA-24c. NAME OF COMETERY OF CREMATORY OON, REMOVAL (Specify REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS 32 DATE RECEIVED BY LOGAP REGISTRATS

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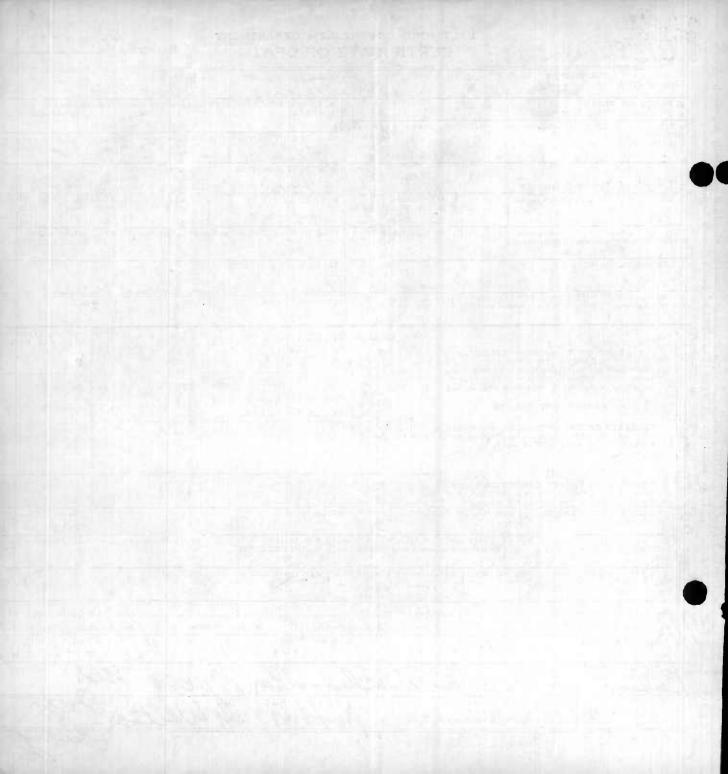
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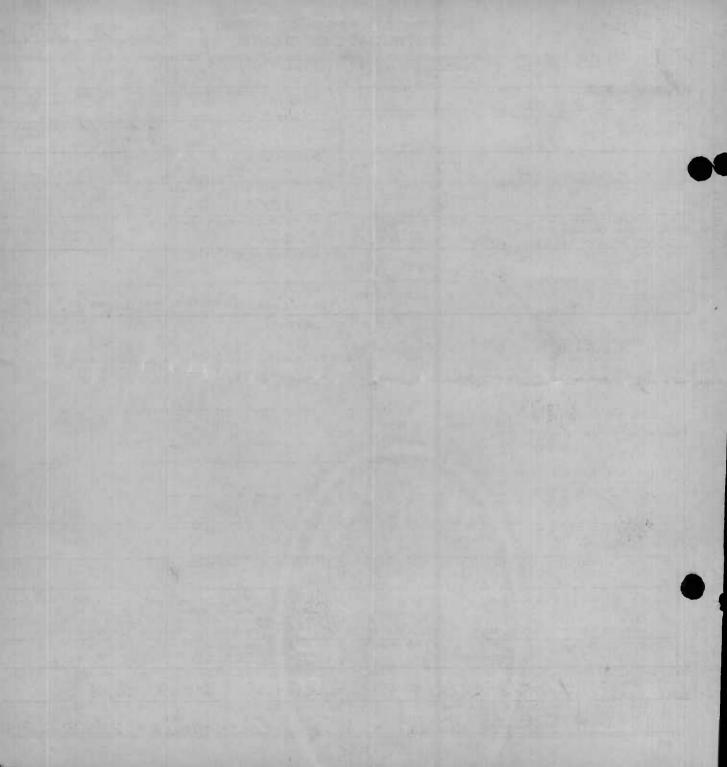
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e 50	ВІ	BALTIMORE CITY HEALTH DEPARTME CERTIFICATE OF DEATH	NT Registered No	50 3078
		1. NAME OF DECEASED (Type or Print)	2. DATE OF DEATH OLD A	l. 1st 1950
supplied.	Α.	A. Baltimore City, Maryland / 216. Solution 4. USUAL RESIDENCE A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or Maryland)	E (Where deceased lived, If in B. COUNTY	stitution; residence before admission)
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Cs.		Yrs. D. STREET ADDRESS Mos.	(If rural, give location)	
id l		5. SEX 6. COLOR OR RACE 7. SHNGLE, MARRIED. 8. DATE OF BIRTH WIDOWED, ENVERCED (Specify)	9. AGE (In years II U last birthday) Mon	nder 1 Yest If Under 24 Hours ths: Days Hours Min.
rly	10 worl	IOA. USUAL OCCUPATION (Give kind of ork done during most of whiting life, even if retired) Truck in SINDUSTRY	05 44 e or foreign country)	2. CITIZEN OF WHAT COUNTRY
	1	13. FATHER'S NINE J. LEWIS LEW 14. MOTHER'S MAIDE	N NAME	William Godwin I
information s of death cl	15	Benjamine Weem 5. WAS DEGEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT	Story	DRESS
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e t		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
Every write th		(This does not mean the mode of dying, e.g., heart failure, aathenia, etc. It means the disease, injury or complication which caused death.)	CZ03/07V	30 H/N.
	z	DISEASES OR CONDITIONS, IF ANY, GIVING HIT HAL STENOS	AT DIEASE	34rs.
	CATIO	UNDERLYING CONDITION LAST.		
ADI cian	TIFIC			
UNFADING Physicians: p	CER	OTHER SIGNIFICANT CONDITIONS CON- I TRIBUTING TO THE DEATH, BUT NOT RELATED		
H	AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
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AINLY, Ily impo	X	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID IN. WHILE AT NOT WHILE AT WORK AT WORK	JURY OCCUR?	
re respecia		22. I hereby certify that I attended the deceased from 6 FEB. , 1976 to		that I last saw the
WKITE e is est		deceased alive on HARLA 31, 1950, and that death occurred at 2.30Am., from 23A SCNATURE 23B. ADDRESS	om the causes and on the	date stated above.
	24	M. D. 71 J. 73 P. 72 244 BURIAL (REMA- 24B, DATE 24C, NAME OF CEMETERY OR CREMATORY 24 CON, REMOVAL Specify)	4D. LOCATION (City, town, o	r county) (State)
PLEASE correct ag	CI D	DATE RECEIVED BY I REGISTRAR'S SIGNATURE 125, FUNERAL DIRECT	aylor ave	ADDRESS
CO	L	LOCAL REGISTAGE	1703h Potters	on Park an
		vs 150 420 89		923

Wr Highstine 121 S. Highland ave

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50. 3079 50-066		EALTH DEPARTMENT E OF DEATH	Registered No_	3079
1. NAME OF DECEASED (Type or Print)	3 8. 10	P. A.	2. DATE OF 14-2-5	
3. PLACE OF DEATH: A. Baltimore City, Maryland	any say N	4. USUAL RESIDENCE (V	DEATH Where deceased lived. If insti	itution : residence before admissio
B. FULL NAME OF (If not in hospital of HOSPITAL OR INSTITUTION	or institution, give street address or location)		outside corporate limits, w	rite RURAL and gi
c. Length of stay in Baltimore	Yrs. Mos.	D. STREET ADDRESS (If	rura/, give location)	B. 23
	Days SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 4-1-50	9. AGE (In years	
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired)	OB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f.	oreign country) 12.	CITIZEN OF WHAT COUNTR
15. WAS DECEASED EVER IN U. S. ARMYD F. (Yes, no or unknown) (If yes, gife war or dates of	DRCES? 16. SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN N Mus Catherine 17. INFORMANT	amelda Fla	noyan
DISEASE OR CONDITION DI LEADING TO DEATH (This does not mean the mode of of heart failure, asthernia, etc. If means injury or complication which cau ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST	RECTLY Alying, e.g., (A) the disease, sed death.) DUE TO RY, GIVING ATING THE DUE TO	biratory to	ilure.	INTERVAL BETWE
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OR CONDITION C	ONS CON-			
	MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
	21B. PLACE OF INJURY (e. g., i bout home, farm, factory, street, office bldg.,		If in Baltimore City, give	
21D. TIME (Month) (Day) (Year) (H	our) 21E. INJURY OCCURR while at Not while at work		Y OCCUR?	
22. I hereby certify that I attendeceased alive on 7-2.	1950, and that death occur	23B. ADDRESS	he causes and on the d	nat I last saw t late stated about 39. DATE SIGNE
24A. BURIAL, CREMA- TION REMOVAL (Sylvify) 43/	V KOW CHECK		alle M	outly) (State
DATE RECEIVED BY REGISTRAR'S REGISTRATIS	Whate Ma	offer B.M	Walter	rull
VS 150	4		159€	wefer of



BALTIMORE CITY HEALTH DEPARTMENT Registered 3080 CERTIFICATE OF DEATH 1. NAME OF SUTKIEWICZ) (2. DATE (Type or Print))vd Riewic DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If Institution: residence A. Baltimore City, Maryland B. COUNTY before admission) ' i not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) (If rural, give location) Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore nwood Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OF RACE 9. AGE (in years) li Under | Year last birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Give kind of 103, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? sudock information s 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. of CAUSE OF DEATH very item . / ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. PUE TO 11 OTHER SIGNIFICANT CONDITIONS CONì TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF CPERATION 20. AUTOPSY? 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office blig., etc.) 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? EDI CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK 22. I certify that I took charge of the remains described above, held an thereon and from Autopay, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) lto national RECEIVED BY ADDRESS VS 151



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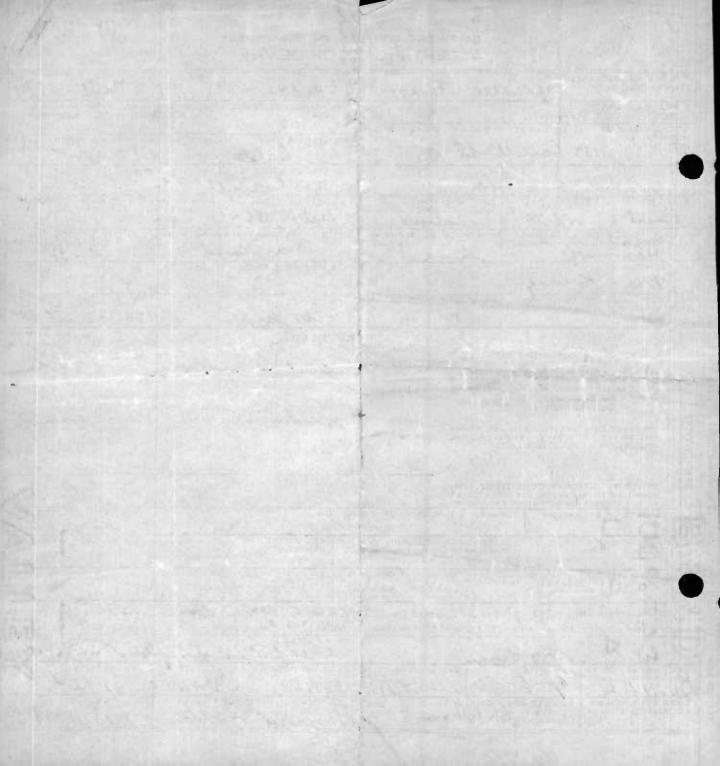
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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Registered No.____

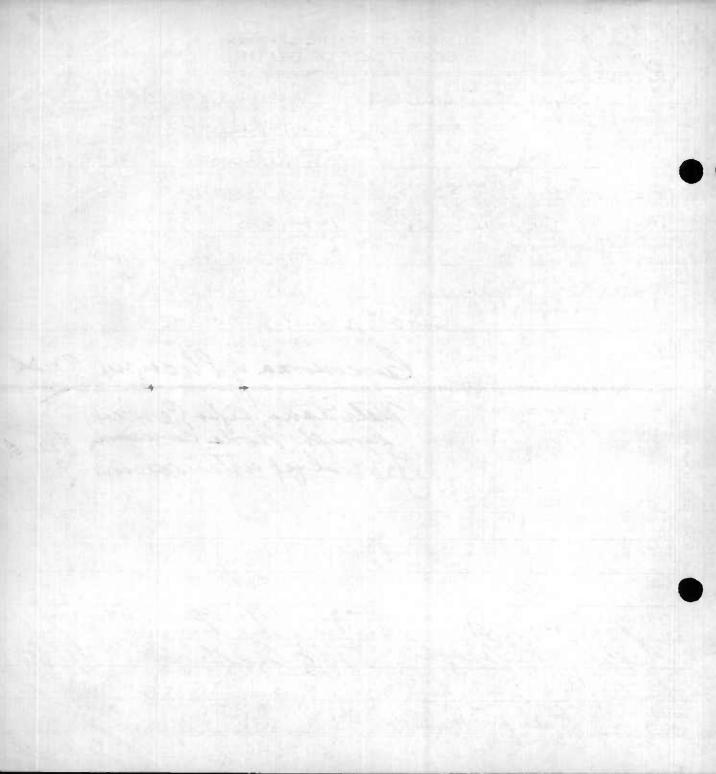
В	RTH NO.	OLIVIII IOAT	L OI DEATH		
1. (T	NAME OF DECEASED MARGARET	THURUSA	JENKINS	2. DATE OF DEATH 2 C	Spil 1950
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. It B. COUNTY	institution: residence before admission)
В.	FULL NAME OF (If not in hospital or instituti		mel		
	STITUTION 1133 Carroll St	L location)	c. CITY OR TOWN (I	f outside corporate limit	s, write RURAL and give
	1133 Sunsec 52		Dalts	- 41	0
	0.1.	Yrs. Mos.	D. STREET ADDRESS (1)	rural, give location)	
	Length of stay in Baltimore SEX 6.COLOR OF RACE 7. SINGLE	Days Days	8. DATE OF BIRTH	9. AGE (In years)	Under 1 Year Under 24 Hours
	Fenal White WIDOW	ED, DIVORCED (Specify	Sept 19, 1869	last birthday) Mo	nths Days Hours Min.
worl	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or		12. CITIZEN OF WHAT COUNTRY?
10	Housewife h	me	manylan	*	u.s
13	Mr. Koche		14. MOTHER'S MAIDEN N	IAME	
15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? a. no or unknown) (If yee, give war or dutes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
	nr		Peter Jenhan	- 1133	Canoll It
	18. 331 X	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				
	(This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the diseas		relial Alm		5 h many
	injury or complication which caused death				•
	ANTECEDENT CAUSES	1	1 1 -		
NO	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVIN	(B)	ypulenin		years
ATION		IG	ypulensin		years
ICATION	DISEASES OR CONDITIONS, IF ANY, GIVIN	IG	ypulemensi		years
TIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THUNDERLYING CONDITION LAST.	(C)	ypulmus		years
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Ш	DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING IN 19A, DATE OF OPERATION 19B, MAJOR 21A, ACCIDENT, SUICIDE, 21B, PLA	(C)	RATION - in or 21c. WHERE DID	(If in Baltimore City,	YES NO 4
DICAL CE	DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THUNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, MAJOR 21A, ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B, PLA about home, IT. 21D, TIME (Month) (Day) (Year) (Hour) OF INJURY	(C) (C) (C) FINDINGS OF OPEI (CE OF INJURY (e. g., arm, factory, atreet, office bldg.	RATION in or 21c. WHERE DID (etc.) INJURY OCCUR?		YES NO 4
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DICAL CE	DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING INTO THE CONTRIBUTION OF INJURY 21A. ACCIDENT. SUICIDE, About home, for injury m. In the contribution of Injury m. In the contribu	(C)	RATION in or 21c. WHERE DID INJURY OCCUR? RED 21f. HOW DID INJUR Tred at 100 Am., from	y occur?	yes No Person No
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MEDICAL CE	DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING INTO THE DISEASE OR CONDITIONS (THE DISEASE OR CONDITIONS (THE DISEASE OR CAUSE OR CAUS	(C) (C) FINDINGS OF OPEI CE OF INJURY (e. g., arm, factory, street, office bidg. 21E. INJURY OCCURF WHILE AT NOT WHILE AT WORK deceased from and that death occur M. D.	RATION in or 21c. WHERE DID INJURY OCCUR? RED 21f. HOW DID INJUR Tred at 700 An., from 23B. ADDRESS 1334 Aughni	Apr., 195 the causes and on the	yes No Person No
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MEDICAL CE	DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THUNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESASE OR CONDITION CAUSING I 19A. DATE OF OPERATION 19B. MAJOR 21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLA about home. f 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. 22. I hereby certify that I attended the deceased alive on 23A. SIGNATURE 23B. PATE A., BURIAL, CREMA-24A. BURIAL, CREMA-25B. PATE	(C) (C) FINDINGS OF OPEI CE OF INJURY (e. g., arm, factory, street, office bidg. 21E. INJURY OCCURF WHILE AT NOT WHILE AT WORK deceased from and that death occur M. D.	RATION in or 21c. WHERE DID INJURY OCCUR? RED 21f. HOW DID INJUR 21f. HOW DID INJUR 22f. Tred at 200 Am., from 238. ADDRESS 1337 Aughan ERY OR GREMATORY 24D.	the causes and on to the Court on City, town	yes No Gration) Rive exact location)



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) LOUIS HOPKINS HOSPITAL Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) clearly 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY orlar 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY ? 15 yıs LEADING TO DEATH Chronic lung abscesses (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) write DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Physicians: H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOFSY 21c. WHERE DID 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY NOT WHILE AT WORK , 1950, and that death occurred at 150 m. from t , 1902, that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 3-1 m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) correct ADDRESS DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

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50 - 3085BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH AP 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: ROUTE S A. STATE A. Baltimore City, Maryland before admission) 3401 B. FULL NAME OF (If no n hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, Trite RURAL and give D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore LIDON Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. WIDOWER -/-/873 10A. USUAL OCCUPATION (Give kind of | 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY work done during most of vorking life, even if ratired) INDUSTRY Railroad Juna 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) CURITY NO ALGNEY INTERVAL BETWEEN SNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION important. 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE AT WORK WORK 22. I hereby certify that I attended the deceased from that I last saw the 1922, and that death occurred at. m., from the causes and on the date stated above. decease alive on 23C. DATE SIGNED Z3A AGNATURE 238. ADDREG6 M. D. 4c. NAME OF CEMETERY OF CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 248. DATE Saint 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY LOCAL REGISTRAR Thurting low PR 3 - 1950 VS 150



BALTIMORE CITY HEALTH DEPARTMENT Registered No. 0 3086 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) HAROLD MANOWN DEATH April 1. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) A STATE Maryland (If not in hospital or institution, give street address or B. FULL NAME OF (If outside corporate limits, write RURAL and give HOSPITAL OR location) C. CITY OR TOWN INSTITUTION Baltimore City Hospital Baltimore 90 Mos. D. STREET ADDRESS (If rural, give location) 538 Hurley Street c. Length of stay in Baltimore Days 9. AGE (in years If Under 1 Year If Under 24 Hours Inc. Min. 7, SINGLE, MARRIED, ... WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH Male White 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY good fre 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. (Yes, no or unknown) 7-10-1809 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., arachioid hemorrhage heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION ally important. 21a. EXTERNAL CAUSE WAS PRIMARY A OR CONTRIBUTING CAUSE OF DEATH. 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Lombard & Ponca Streets Street 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED Pedestrian struck by auto March 31 Autopsv 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from; natural causes \square , accident \square , suicide \square , homicide \square , undetermined \square . 23B. CHIEF MEDICAL EXAMINER...... 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) (State) 24c. NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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50 3087 BALTIMORE CITY HEALTH DEPARTMENT 3087 Registered No_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) March 30, 1950 Joseph Sterling Edwards DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township Baltimore St. Joseph's Hospital D. STREET ADDRESS (If rural, give location) Yrs. Mos. 432 Worsley St., c. Length of stay in Baltimore Days 9. AGE (In years | ff Under I Year | ff Under 24 Hours | Min. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) should be arly and 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH Colored Married 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? of information Contracting Work Baltimore, Maryland Unemployed 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. NAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, polor nuknown) (If yes, give war or detes of service) 16. SOCIAL 17 INFORMANT ADDRESS SECURITY NO. causes INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH hetic eardis vasadur DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO Clisique write heart failure, asthonia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. over OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION "important. (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT, SUICIDE, INJURY OCCUR? (Specify) ebout home, farm, factory, street, office bldg., etc.) HOMICIDE 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT especia 22. I hereby certify that I attended the deceased from 3/28/ , 150, to 3/30/ , 1950 that I last saw the PLEASE WRITE 1950, and that death occurred at 8:30A vM from the causes and on the date stated above. deceased alive on 3/30/ 23C. DATE SIGNED 23B. ADDRESS 23A. SIGNATURE immista maddens 1400 N. Caroline Street M. D. 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) 24A. BURIAL, GREMA-TION REMOVAL (Specify) 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE

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Letter in document file 50-3087 - 6/22/50.

4-322 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution residence A. Baltimore City, Maryland B. COUNTY A STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL ON INSTITUTION TO AN HOPKINS HOSPITAL location) (Moutside corporate limits, write RURAL and give township) Yrs. D. STREET ADDRESS (If rural, vive location) Mos. c. Length of stay in Baltimore Days and 5 SEX 6 OOLOR OF RACE 9. AGE (In years | | Under | Year | | H Under 24 Hours | Institute | Months: Days | Hours | Min. 8. DATE OF BIRTH (Specify) clearly 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF ANDUSTRY WHAT COUNTRY? mines death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. INTER MODELLE HUGBARI CAUSE OF DEATH INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Carcinoma of pancheas (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Physicians: (C) .. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED intarctions TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY especially important. 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK FT1917 195 that I last saw the 22. I hereby certify that I attended the deceased from. 1900 , and that death becourred at Th., from the causes and on the date stated above. deceased alive one 238. ADDRESS 18 23A. SIGNATURE 23c. DATE SIGNED 20 24A. BURIAL, CREMA-240. LOCATION (City, town, or county) Bured DATE RECEIVED BY ADDRESS 25. FUNERAL DIRECTOR LOCAL REGISTRAR 3 15h

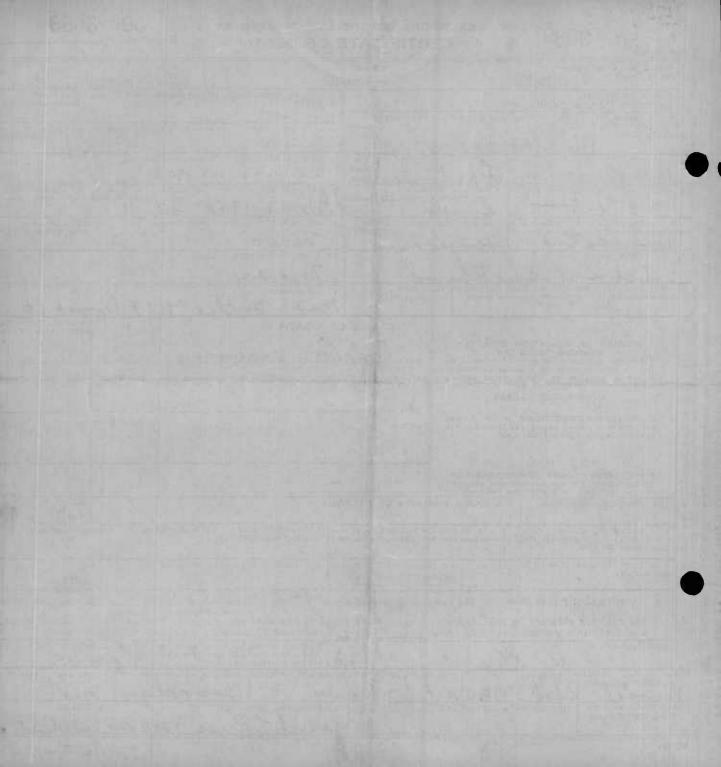
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3889 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF MARIE SHEPHARD March 28 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City. Maryland B. COUNTY before admission) A. STATE Maryland (If not in hospital or institution, give street address or B. FULL NAME OF location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore 1312 N. Parrish Street D. STREET ADDRESS (If rural, give location) Yrs. 1312 N. Parrish Street c. Length of stay in Baltimore 5. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | If Under 1 Year | If Under 24 Hours | Months | Days | Hours | Min. WIDOWED DIVORCED (Specify) Female 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work cone during most of working Mfe, even if retired) INDUSTRY WHAT COUNTRY mes 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, ao or uaknown) (If yes give war or dates of service) 16. SOCTAL 17. INFORMANT ADDRESS (Yes, ao or uaknown) SECURITY NO. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Physicians: Ш OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE! AT WORK WORK L 22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural eauses [A, accident], suicide], homicide], undetermined]. 238. CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER 3-30-50 MEDICAL INVESTIGATOR BURIAL, CREMA-24E. NAME OF CEMETERY OR CREMATORY 24A. 24D. LOCATION (City, town, or county) (State) TION, REMOVAL (Specify DATE RECEIVED BY 25. ADDRESS LOCAL REGISTRAR VS 151

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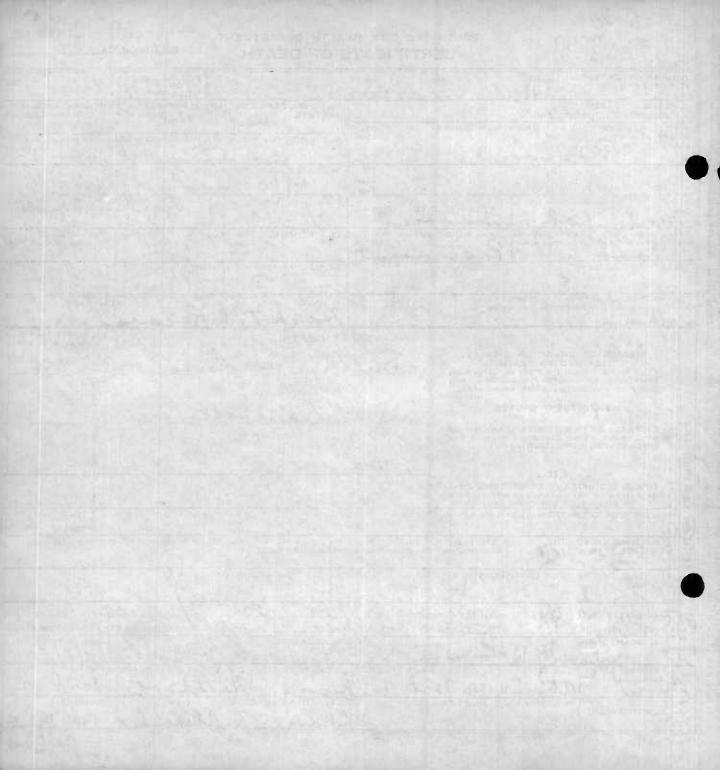
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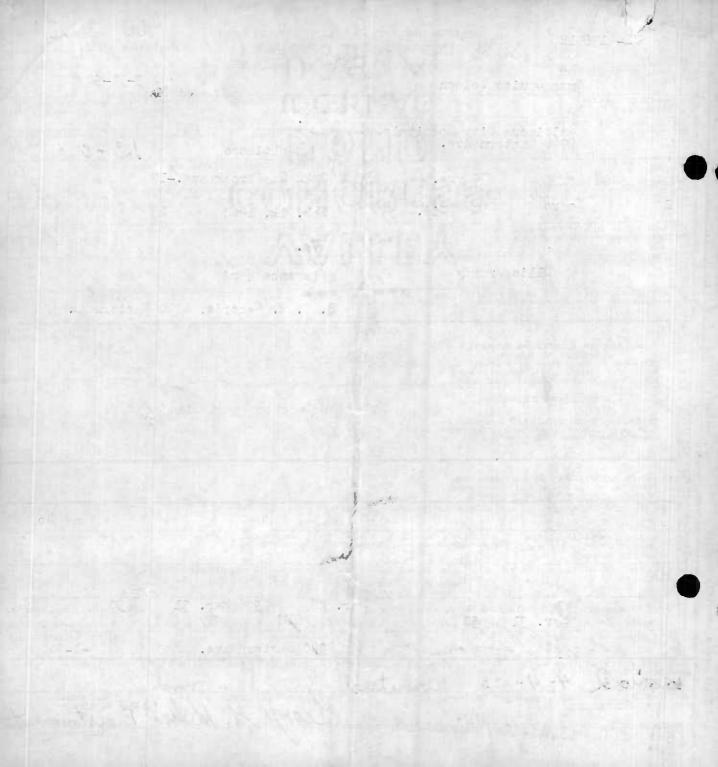
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50 3090 BALTIMORE CITY HEALTH DEPARTMENT Registered No_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF (YEORGE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION ' township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Dave 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF 9. AGE (In years) If Under I Year BIRTH If Under 24 Hours last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR. 12. CITIZEN OF work done during most of working life, even if rotired) INDUST WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no on unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF 760 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE AT WORK , 1950 that I last saw the 22. I hereby certify that I attended the deceased from_ 19.56 and that death occurred at 1 m., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL CREMA-TION, REMOVAL (Specify) DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR LOCAL REGISTRAR 1200 mel

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50 3092 BALTIMORE CITY HEALTH DEPARTMENT 3092 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Holden iaMucl 150 DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) (If not in hospital or institution, give street address or B FULL NAME OF Maryland location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) +iMore Bouth SETIETA Yrs. p. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year 8. DATE OF BIRTH II Linder 24 Hours Jast birthday) Months; Days Hours: Min. WIDOWED, DIVORCED (Specify) ingle 1906 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY ? HANDYMAN lary land 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME harles 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. INTERVAL BETWEEN CAUSE DEATH 18. 002 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES 21A. ACCIDENT, SUICIDE. 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office hldg., etc.) HOMICIDE (Specify) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY AT WORK 22. I hereby certify that I attended the deceased from 212150, 19, to 3 29 50, 19, that I last saw the deceased alive on 3/29/5019 and that death occurred at 4:30 P. m., from the causes and on the date stated above. 23A. SIGNATURES 23B. ADDRESS 23c. DATE SIGNED 50 1213 his 24A. BURIAL. CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY! 24p. LOCATION (City, town, or county) Surial REGISTRAR'S SIGNATURE DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

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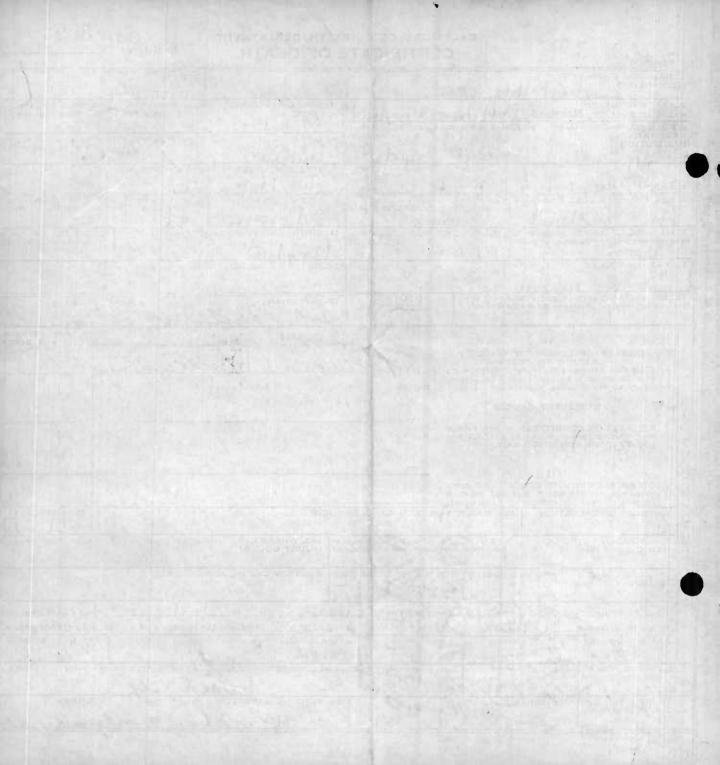
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50 3095 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) GLASBY IRENE April 1, DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A Baltimore City, Maryland Baltimore B. COUNTY before admission) I'f not in hospital or institution, give street address or Maryland location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 24 N. Kenwood Avenue Baltimore Yrs. o. STREET ADDRESS (If rural, give location) Mos 24 N. Kenwood Avenue c. Length of stay in Baltimore Days 5. SEX 6 COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. White Female Aug. 30th.1886 Single 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? eamstress Maryland Clothing 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Glasby Anna Sanders 15. WAS DECEASED EVER IN U. S. ARMEO FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS Ave (Yes, no or unknown) SECURITY NO 2-09-1042 Miss Lillian Glasby 24 N. 20 Kenwood CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH C. Udisease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT 22. I certify that I took charge of the remains described above, held an _Inspl & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes [4, accident], suicide], homicide], undetermined]. 238. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... 23A. SIGNATURE 23c. DATE SIGNED MEDICAL INVESTIGATOR 24A. BURIAL. 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY | 24c. LOCATION (City, town, or county) TION, REMOVAL (Specify) 4/5/50 Burial Holy Redeemer Baltimore Md. DATE RECEIVED BY RECISTRAR S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS ADD 3 - 1950 hutughor Whans, Mit 3000 E. Balto.

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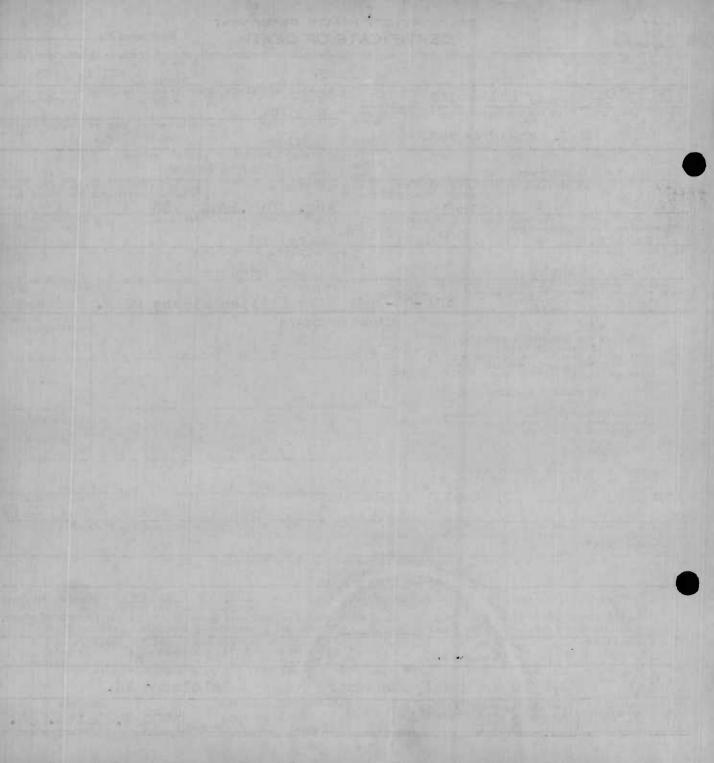
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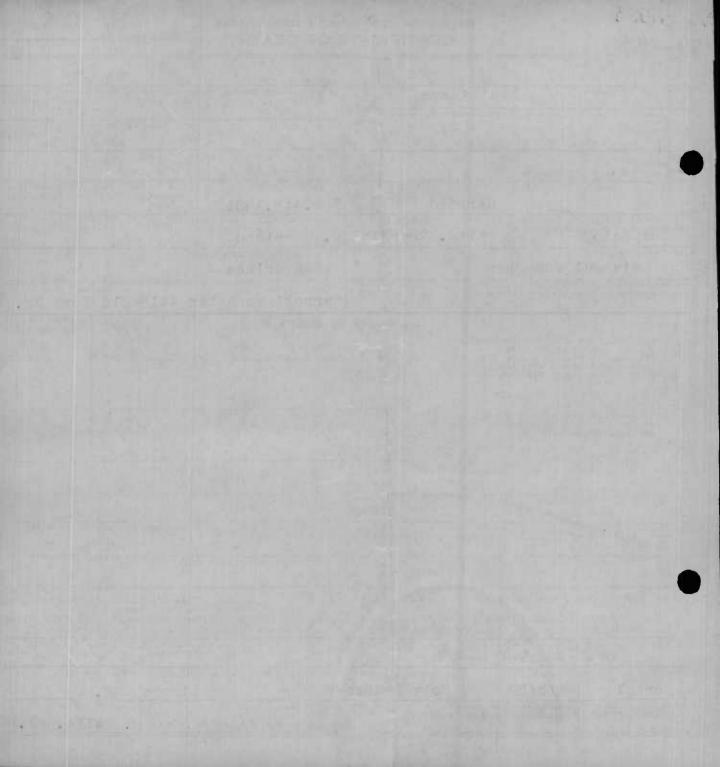
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Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE DEATH W. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF ' i not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. Feb.4th.1881 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) Transit WHAT COUNTRY? Balto. Ireland 06 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Micheal Monaghan ANNA Grimes 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown) | (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO Carroll Monaghan 4415 Old York Rd. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Artenosalerotic C. Vdiscose LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19a. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 213. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. I certify that I took charge of the remains described above, held an _ thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \square , accident \square , suicide \square , homicide \square , undetermined \square . 238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER age MEDICAL INVESTIGATOR 24A. BURIAL. CREMA-TION, REMOVAL (Specify) Burial 24C. NAME OF CEMETERY OR CREMATORY! 245: LOCATION (City, town, or county) 248 DATE 4/5/50 Holy Redeemer Baltimore Md. DATE RECEIVED BY ADDRESS REGISTRARIS SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR 3000 E. Balto.



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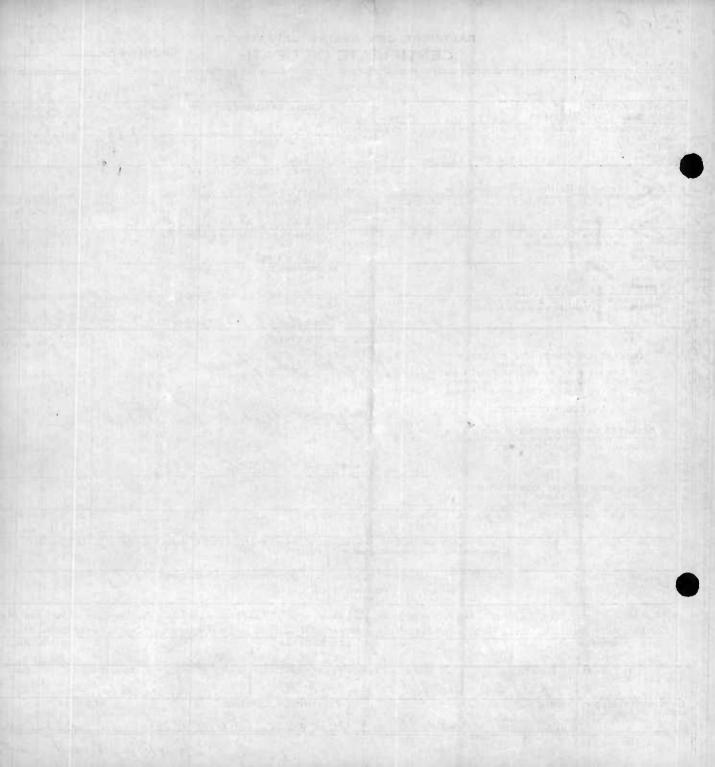
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BALTIMORE CITY HEALTH DEPARTMENT

Registered No.___ CERTIFICATE OF DEATH ECEASED 2. DATE Booker OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Mary location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) South Riverside se ne ral Yrs. D. STREET ADDRESS (If rural, give location) Mos. Saltimore c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. te Male arried 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? House WIFE arviand 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yee, no or unknown) (If yee, give war or dates of service) 16. SOCIAL ADDRESS (Yee, no or unknown) SECURITY NO. none INTERVAL BETWEEN 18. 20. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES U NO 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE ATT AT WORK 22. I hereby certify that I attended the deceased from 3131 . 1950, to 3 31 , 1950, that I last saw the deceased alive on 3/31 .. 19 52, and that death occurred at \\: 50 A.m., from the causes and on the date stated above, 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL CREMA-TION, REMOVAL (Specify) LOUDON BURIAL DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE HARRY B. FALCON (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write BURAL and give INSTITUTION Yrs. ADDRESS Prural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. Marrie 10A. USWAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done turing most of working life, even if retired) INDUSTR' WHAT COUNTRY? crocer 13. EATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yee, no or unknown) (If yes, give war or dates of service) SECURITY NO 18.420.0 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, c. g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21c. WHERE DID 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE AT WORK 195 0 to 22. I hereby certify that I attended the deceased from_ _, 1950, and that death occurred at 11 deceased alive on 3/3/ 23B. ADDRESSU 23A. SIGNATURE M. D

3/3/_, 1959 that I last saw the m., from the causes and on the date stated above. 23C, DATE/SIGNED 24C/ NAME OF CEMETERY OR CREMATORY 24A BURIAL, CREMA-240. LOCATION Maity, town, or county) Jureal

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

ADDRESS

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THE STATE OF THE S Service of the Control of the

4626 50 3099 BIRTH NO.

especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

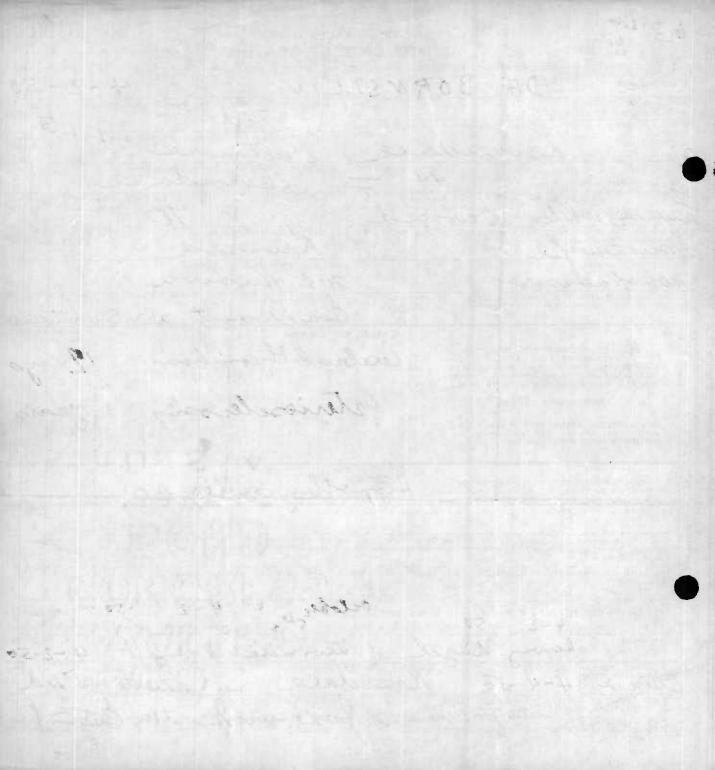
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	BIRTH NO.							
1.	NAME OF DEC		SIAH	KRIE	GER	2. DATE OF DEATH 4-	1-50	
	PLACE OF DEA Baltimore Cit	TH:			4. USUAL RESIDENCE			
H	FULL NAME OF	(If not in hosp	tal or institutio	n, give street address or location)	c. CAY OR TOWN	If outside corporate light	its, write RUHAL and give	
11	Z MOITUTION Z	109 du	iden	we	Haltines	soce 1	5-0 (township)	
5	Length of star	y in Baltimore		43 Mos.	2109	If rural, give location)	lue	
-		COLOR OR RACE			8. DATE OF BIRTH		H Under I Year H Under 24 Hours Aonths: Days Hours: Min.	
15	ale IIIII OCCI	DPATION (Give kinds	wee	lowed of BUSINESS OR	11. BIRTHERACE (State or	00	12. CITIZEN OF	
worl	dene during post of w	orking Me, even if retired	Ta	INDUSTRY	Polar	d country)	WHAT COUNTRY?	
13	. FATHER'S NAI	11	144		14. MOTHER'S MAIDEN			
15	WAS DECEASED	EVER IN U. S. ARMI		16. SOCIAL	nor Kno	wil		
(Ye	, no or unknown)	(If yes, give war or day	es of service)	SECURITY NO.	Mildred Da	ntria 210	4 Lendar ax	
	18. 42	0.0		CAUSE	OF DEATH	11	INTERVAL BETWEEN ONSET AND DEATH	
	L	OR CONDITION EADING TO DE of mean the mode	ATH	arte	no-schentie	heart dise	on 10 years	
	heart failure,	asthenia, etc. It me implication which	ans the disease,		······································			
_	AI	NTECEDENT CAL	JSES	gene	ruly I arte	no scler.	20 years	
FICATION		OR CONDITIONS,			Sed and	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
CAI	UNDERLYIN	NG CONDITION	AST.	0	the state of the s	mknin	1-406-0 060	
RTIF		П		(C) (OYO	nary in	Missan	5 year Mg	
CER	TRIBUTING T	ONIFICANT CONITO THE OEATH, BUT EASE OR CONDITION	T NOT RELATED					
T				FINDINGS OF OPER	RATION		20. AUTOPSY?	
EDICA	21A. ACCIDEN			E OF INJURY (e.g., im, factory, atreet, office bldg.,		(If in Baltimore City	YES NO Sive exact location)	
MEL		(Specify)						
	OF INJURY	onth) (Day) (Yea	wı	TE. INJURY OCCURR HILE AT NOT WHILE WORK AT WORK		RY OCCUR?		
		certify that I a	ttended the d	leceased from J	an 19 46 to	april / , 19.	2, that I last saw the	
	deceased aliv	e on Nau	2,1950 a	nd that death ofcu			the date stated above.	
		RE PAUL	Man	м. р.	1804 EWA	w reale	14/1/1950	
2	4A BURIAL, CR	THOU THOU DAIL	50 7	sed Name of CEMETE	Lebrew	Cocation City, toy	Med.	
	CAL REGISTRA		ton Wall	AME BLEN PT	35. FUNERA DIRECTOR	e 2100 8	address Pourtain	
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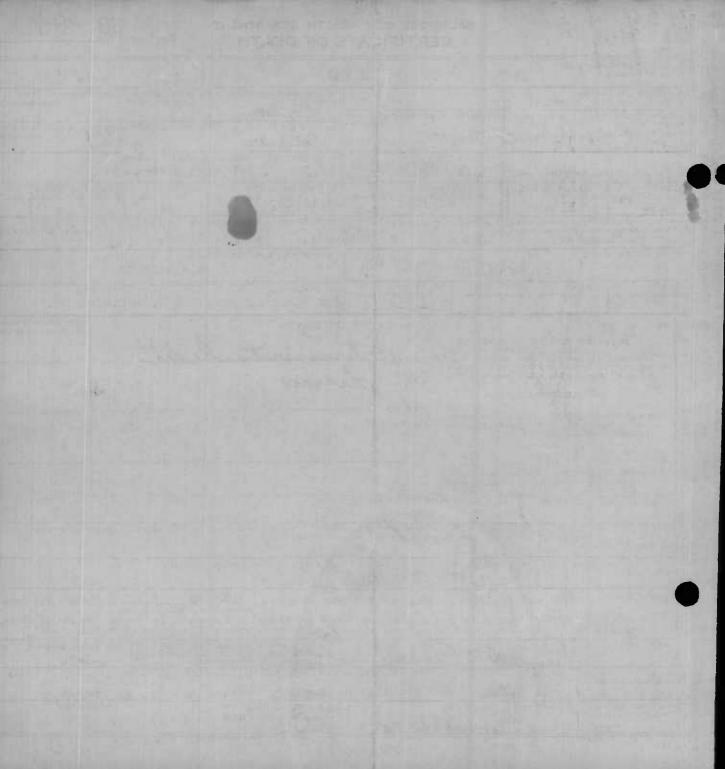
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50 3101 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) VETTA 4-17-50 -UNICE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or C. CITO OR TOWN location) (If outside corporate limits, write RURAL and give INSTITUTION allunore D. STREET ADDRESS Alf rural, give location c. Length of stay in Baltimore 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | If Under | Year | If Under 24 Hours | thday) | Months Days | Hoors | Min. 8. DATE OF BIRTH Aug. 20, 1879 10A/USUAL OCCUPATION (Give kind of work softe during most of working life even if retired) 11. BIRTAPLACE State or foreign country 10B. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME Known 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 12 hrs. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) calific Mildetin OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e. g., in or ā about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY . 19 50 that I last saw the 22. I hereby certify that I attended the deceased from_ . 19 5 v. and that death occurred at deceased alive on_ m., from the eauses and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A BURIAL, CREMA-24c, NAME OF CEMETERY OR CREMATORY | 24b, LOCATION (ity, town, or county) KOSE O ADDRESS DATE RECEIVED BY 5. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF BEATH

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Registered No.

8	IRTH NO.	LU4	C	ERIFICAL	E OF DEATH	registered	210
1 ('	NAME OF D		vey Col	lins Noake	S	2. DATE OF DEATH APT	il 1/50
A		City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived, I B. COUNTY	lf institution: residence before admission)
Н	SPITAL OR	21 Dennison		a, give street address or location)		outside corporate lim	its, write RURAL and give township)
C	. Length of s	tay in Baltimore	Life	Yrs. Mos. Days	621 Dennison	13.	
5	Male	6. COLOR OR RACE	Marry 6	MARRIED. DIVORCED (Specify)	Aug. 12,1879	9. AGE (In years last birthday)	fonths Days Hours Min.
36	A. USUAL OC k done during most of lief Cle	CUPATION (Give kind of working life, even if retired	108. KIND O	F BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
-	3. FATHER'S N		Comm188	10n	14. MOTHER'S MAIDEN N	AME	
1: (Y	yes DECEASI	panish warm	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Katherine	I. Ngakes	ADDRESS Dennison St
RTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) Columnthater Grain Washing to the Color of the Above Cause (A) STATING THE UNDERLYING CONDITION LAST.						al Ayss.
CERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				Browlits.		5 ym
AL C	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?		
EDICA	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?						
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK NOT WHILE AT WORK						
	22. I hereby certify that I attended the deceased from 726 25, 1947, to Chil 1, 1957, that I last saw the deceased alive on Cycle, 1950, and that death occurred at 6 m., from the causes and on the date stated above. 23A. SIGNATURE Office 23B. ADDRESS Churchen Be 23C. DATE SIGNED						
Ţ	4A. BURIAL. ON, REMOVAL (S Burial				tional,5501 Fr		
	ATE RECEIVE		S SIGNATUR		25. FUNERAL DIRECTOR		ADDRESS

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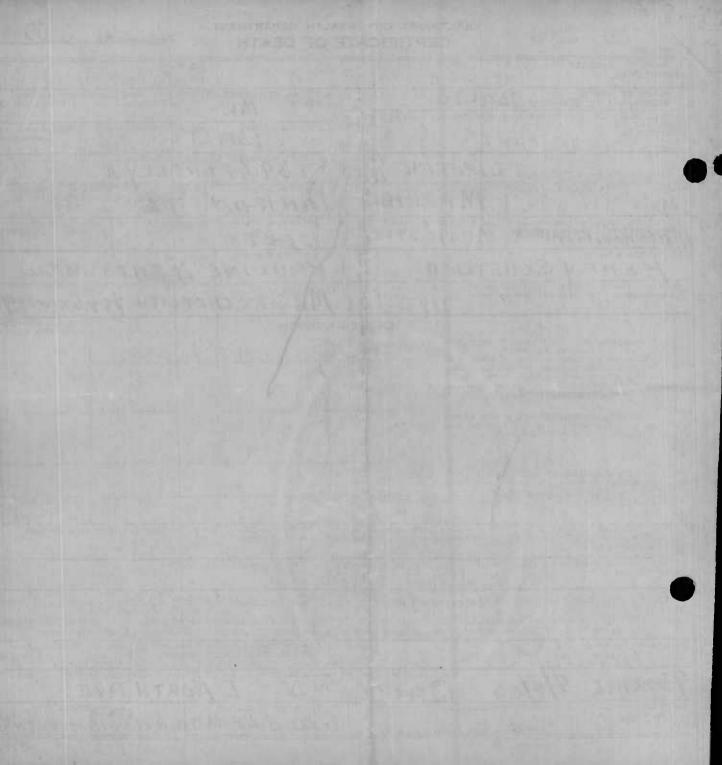
the right is especially important. Physicians: please write the causes of death clearly and learly.

CHOL. TH. TR water Life Mg. Lone name of the . S. av Carrier and a section of the same than a receipt to the . The state of the

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) amana DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. S. artimoton ave c. Length of stay in Baltimore one mar Days 6. COLOR OR RACE 7. SINGLE (MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years) I Under 1 Year last birthday) Months: Days Hours: Min. Mantra IOA. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Mone none Wisconson 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or detes of service) SECURITY NO. 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., De Cinolac Di rease write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO The Wordborkellia OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) ebout bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! 195 , that I last saw the 22. I hereby certify that, I attended the deceased from. deceased alive on. . 1950, and that death occurred at m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 25 BURIAL, CREMA-248. DATE REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. 3106 3106 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE harles F. Schetlice (Type or Print) DEATH /MOT. 31,1950 A. Baltimore City, Maryland BALTO 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION . Grant GRANTLEYJI c. Length of stay in Baltimore 2 Days 6. COLOR OR RACE 9. AGE (In years I under 1 Year I funder 24 Hours last bir (day) Months: D. Hours Min. 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF MUSICSTURERY WHAT COUNTRY JALTO 14_MOTHER'S MAIDEN NAME AULINE HENTSCHELL ENRY SCHETLICH 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL IRS-ASCHETLICH) 69 GRANT (Yes, no or unknown) [(If yes, give war or dates of service) SECURITY NO. 6 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Coronary LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS 21c. WHERE DID (If in Baltimore City, give exact location) PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? especially WORK AT WORK . 4 5 pection thereon and from 22. I certify that I took charge of the remains described above, held an. Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 18 23A, SIGNATURE 23B. CHIEF MEDICAL EXAMINER... ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR CREMA-24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) H.LEIMBACH IY. LYNA HURST JT



3107

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3107

BIRTH NO.					
1. NAME OF DECEASED (Type or Print)	2. DATE	1070			
CARMELA DEFELI	DEATH APPLL 1, 1950				
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If instit	tution : residence before admission			
B. FULL NAME OF ('f not in hospital or institution, give street address of		201010 6 44111001011			
HOSPITAL OR location	C. CITY OR TOWN (If outside corporate limits, wri				
613 S. Bond Street	Baltimore 2 1 2	township			
Yrs.	D. STREET ADDRESS (If rural, give location)				
Tenath of star in Politimans	613 S. Bond Street				
c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	B. DATE OF BIRTH 9. AGE (In years) If Under	1 V 1 & N-4 - 21 d			
Female White WIDOWED DIVORCED (Specify		Days Hours Min.			
Widowed	<u>March 29 1895</u> 55 1	2			
10A. USUAL OCCUPATION (Give kind of or North Control of Susiness CR ork done during most of working life, even if retired)		CITIZEN OF			
Housewife Home		what country Italy			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
? Di Quardo					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL					
Yes, no or unknown) (If yes, give war or dutes of service) SECURITY NO.	17. INFORMANT ADDRI	ESS			
	Albert A. De Felice 613 S. Box	nd St.			
DISEASE OR CONDITION DIRECTLY		INTERVAL BETWEEN			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED					
(5)					
OTHER SIGNIFICANT CONDITIONS CON-					
TO THE DISEASE OR CONDITION CAUSING IT.	PATION				
1 194. DATE OF OPERATION 198. WAJOR FINDINGS OF OPER	TATION				
Z1A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., iz or PRIMARY OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR?					
PRIMARY OR CONTRIBUTING about bome, farm, factory, street, office bldg.		YES NO X			
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE	(ED 21F. HOW DID INJURY OCCUR?	YES NO X			
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT WORK 22. I certify that I took charge of the remains described of the evidence obtained by said Autopsy, Inspection or in	above, held an Insp. & Inquiry Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the da	YES NO Exact location) ercon and from the stated above			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK 22. I certify that I took charge of the remains described of the evidence obtained by said Autopsy, Inspection or a and death in my opinion resulted from: natural causes 23A. SIGNATURE W. J. Mc Clafferty	above, held an Insp. & Inquiry Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the da S. A. accident [], suicide [], homicide [], undet 238. CHIEF MEDICAL EXAMINER	ercon and from y stated above ermined TE SIGNED			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURR WHILE AT WORK 22. I certify that I took charge of the remains described of the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural causes 23A. SIGNATURE 124A. BURIAL, CREMA: 24B. DATE 124C. NAME OF CEMETE	above, held an Insp. & Inquiry Inquiry, find that said deceased died on the da X, accident , suicide , homicide , undet Assistant Medical Examiner	ercon and from y stated above ermined TE SIGNED			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK 22. I certify that I took charge of the remains described of the evidence obtained by said Autopsy, Inspection or a and death in my opinion resulted from: natural causes 23A. SIGNATURE W. J. Mc Clafferty	INJURY OCCUR? INJURY OCCUR?	ercon and from y stated above ermined TE SIGNED			

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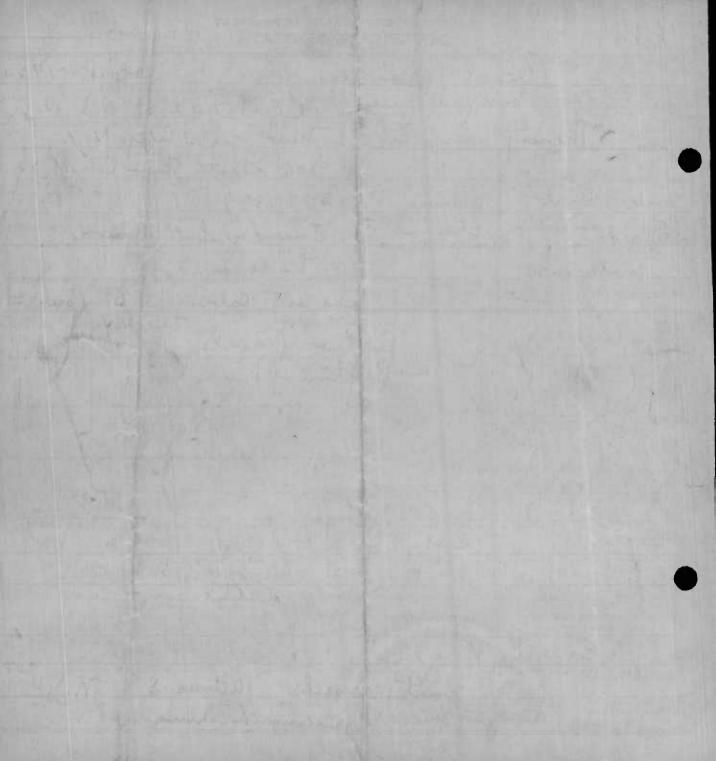
BALTIMORE CITY HEALTH DEPARTMENT

3108 50

ВІ	CERTIFICATE OF DEATH Registered No						
1.	1. NAME OF DECEASED FLORENCE MARIE LITTLE 2. DATE OF						
	13.55	le, Florence Marie		DEATH Apri	1 1950		
	. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived, If in B. COUNTY	stitution : residence before admission		
		ital or institution, give street address or		B. COONTT	before admission		
H	OSPITAL OR	location)		outside corporate limits,	write RURAL and giv		
AU	SOUDDON St. Jes.	ph Hospital		1-0:	township		
-	+1	Yrs.	Baltimore D. STREET ADDRESS (If:	rural, give location)	/		
c.	Length of stay in Baltimore	Mos. Days	1621 E. Eager				
_	SEX 6. COLOR OF RAC		8. DATE OF BIRTH	9. AGE (In years # U	nder 1 Your If Under 24 Hours		
	F. W.	Married	2/20/1894	56	ths Days Hours Min.		
10	A. USUAL OCCUPATION (Givekind	of IOB. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	2. CITIZEN OF		
	k done during most of working life, even if retire	The second secon			WHAT COUNTRY		
13	HWT.	Own home	Baltimore 14. MOTHER'S MAIDEN NA	AME.			
15	Jerry Hubbard 5. WAS DECEASED EVER IN U. S. ARM	5-5	Mary E. Blank				
(Xe	is, no or unknown) (11 yes, give war or da	ED FORCES? 16. SOCIAL tes of service) SECURITY NO.	17. INFORMANT 1621 E. Eager Street				
	no	none	John J. Little				
	18. /94 X .	CAUSE	OF DEATH		INTERVAL BETWEE		
	DISEASE OR CONDITION DIRECTLY						
	(This does not mean the mode	ATH Of dving e g	anoma of t	hyrord			
	heart failure, asthenia, etc. It m injury or complication which	eans the disease,		0			
					4 - 1 - 1		
-	ANTECEDENT CAL	JSES					
TIO	DISEASES OR CONDITIONS	IF ANY, GIVING		• • • • • • • • • • • • • • • • • • • •			
F	RISE TO THE ABOVE CAUSE (A	A) STATING THE DUE TO					
<u>ù</u>							
TIFI	11	_(C)					
PC	OTHER SIGNIFICANT CON						
CE	TRIBUTING TO THE DEATH, BU TO THE DISEASE OR CONDITION		••••••	***.***********************************			
,	19A. DATE OF OPERATION	198, MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?		
4					YES NO X		
EDICA	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		f in Baltimore City, gi	ve exact location)		
Σ	21D. TIME (Month) (Day) (Yes	r) (Hour) 21E, INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?			
	OF INJURY	WHILE AT NOT WHILE					
		m. WORK L. AT WORK					
	22. I hereby certify that I attended the deceased from March 29, , 1950, to April 1, , 1950 that I last saw to						
		L, 19 50, and that death occur	rred at 3:30am., from ti	he causes and on the			
	23A. SIGNATURE	1/ 1/2 2 2	23B. ADDRESS	CLUSTED AVI	23c. DATE SIGNED		
	2.1	1. Ralan. D.	11:00 N. Caroline	St.	April 1, 15		
2/	AA. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LO	OCATION (City, town, o	r county) (State)		
	burial 4/4/50	Holy Redeeme	r Cemetery Ral	timore. Md.	TO LE HIT TO LE		
	ATE RECEIVED BY REGISTRA	R'S SIGNATURE	HENRY SANDER		ADDRESS		

The state of the state of

TH DEPARTMENT ERTIFICATE OF DEATH Registered No NAME OF DECEASED 2. DATE (Type or Print) DEATH O 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived If institution : residence A. Baltimore City, Maryland A. STATE before admission) i not in hospital or institution, give at eet address or HOSPITAL OR eation' (If outside corporate limits, write RURAL and give township) Mos. . Length of stay in Baltimore Days 7. SINGLE, MARRIED.
WIDOVED, DIVORCED (Specify) 6. COLOR OR RACE 9. AGE (in years) If Under 1 Year last birthday) Months: Days Hours! Min. Midower 108. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 12. CITIZEN OF of done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yee, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO Dankor 812.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE TUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTØPSY? 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 218. PLACE OF INJURY (& g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH. Street Pratt St. near Concord St. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? April A WHILE AT NOT WHILE! Pedestrian struck by automobile 1950 11:50 P. m. AT WORK especially WORK 22. I certify that I took charge of the remains described above, held an thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said decoused died on the day stated above, and death in my opinion resulted from: natural causes \square , accident \square , suicide \square , homicide \square , undetermined \square . 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER 1 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATU LOCAL REGISTRAR



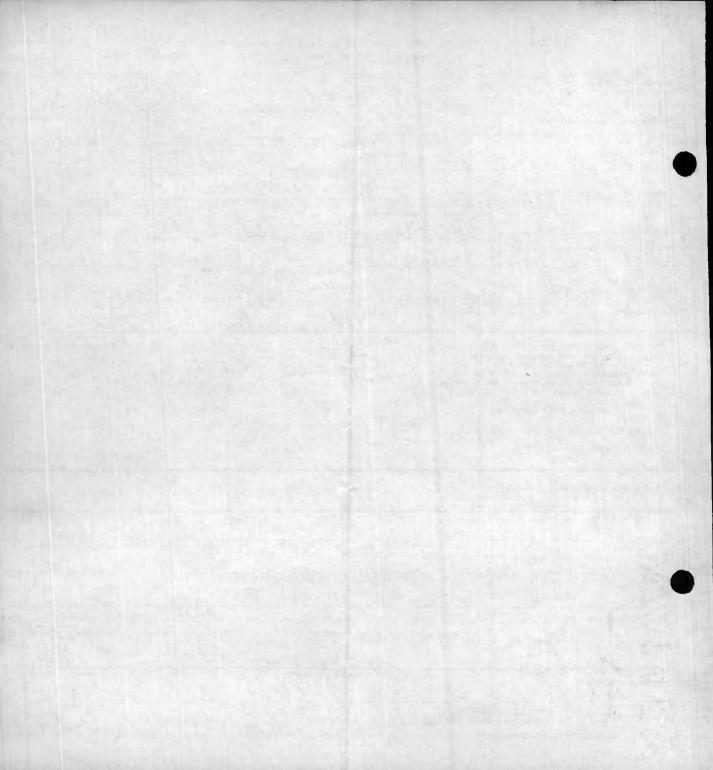
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) illiam OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, It institution; residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give USTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos c. Length of stay in Baltimore Davs 6 COLOR OR RACE 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORGED (Specify) AGE (in years If Under I Year If Under 24 Hours last birthday) Months; Days Hours: Min If Under 24 Hours Married 10A. USUAL OCCUPATION (Givekinder) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Laboren 13. FATHER'S NAME charles 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 18. CAUSE 20,0 ONSET AND OFATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE QUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from Da. 22 , 19 Y1, to_ . 19 2 that I last saw the deceased alive on Hand 3/ 1950 and that death occurred at 1/A, m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 4/3/50. 24A. BURIAL, CREMA-24B, DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY

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BALTIMORE CITY HEALTH DEPARTMENT

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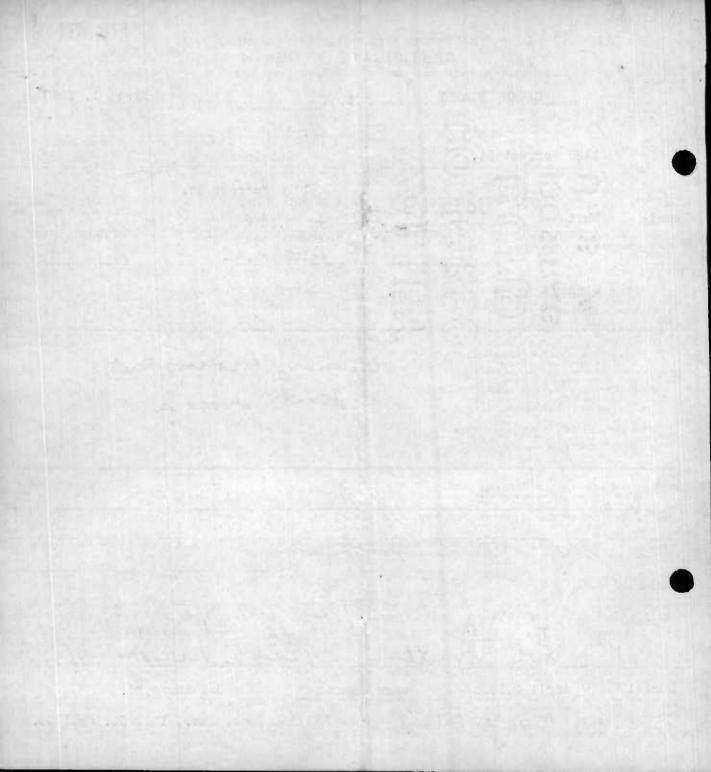
CERTIFICATE	OF DEATH Registered No.				
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)	2. DATE				
SARAH BLANEY	DEATH April 1, 1950				
A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, It institution: residence A. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	Maryland				
INSTITUTION _	c. CITY OR TOWN (If outside corporate limits, write RURAL and give				
1125 Forrest St.	Baltimore / O - O /				
Yrs.	o. STREET ADDRESS (If rural, give location)				
c. Length of stay in Baltimore Days	1125 Forrest St.				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours				
Female White WIDOWED, DIVORCED (Specify) Single	May 20,1859 last birthday) Months Days Hours Min				
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF				
work done during most of working life, even if retired) INDUSTRY	Baltimore, Md. WHAT COUNTRY				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
George Blaney	Harriett Scarborough				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS				
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.					
18. 420 CAUSE C	OF DEATH				
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH				
LEADING TO DEATH	man of terms of				
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,					
injury or complication which caused death.) OUE TO	Heart Orseans				
ANTECEDENT CAUSES	reare Viseare				
Z (B)					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED					
UNDERLYING CONDITION LAST.					
E II					
OTHER SIGNIFICANT CONDITIONS CON-					
TO THE DISEASE OR CONDITION CAUSING IT.					
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERA	ATION 20. AUTOPSY?				
▼	YES NO				
Z1a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., et	or 21c. WHERE DID (If in Baltimore City, give exact location) to.) INJURY OCCUR?				
CAUSE OF BEATH					
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED FINJURY	21F. HOW DID INJURY OCCUR?				
m. WHILE AT NOT WHILE					
	2 , 194 /to 4/1 , 195, that I last saw th				
22. I hereby certify that I attended the deceased from , 197 to , 199, that I last saw deceased alive on , 19 C and that death occurred at , 19 m., from the causes and on the date stated about 23A. SIGNATURE , 23B. ADDRESS 23C. DATE SIGN.					
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)				
TION, REMOVAL (Specify)					
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	William Cook, Inc., 1217 St. Paul St.				
	Walliam Cook, Inc. 1917 St. Poul St.				

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correct age is especially important. Institution prease

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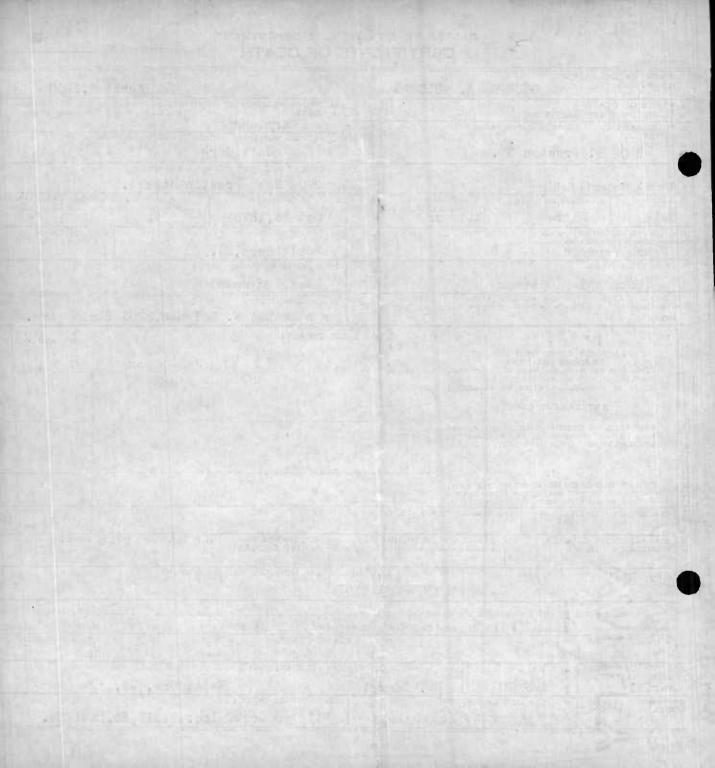
BALTIMORE CITY HEALTH DEPARTMENT

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BIRTH NO.			CERTIFICAT	E OF DEATH	Registered	No.	
1. NAME OF C (Type or Print)	DECEASED GEOR	RGE A.	COLEMAN		2. DATE OF DEATH Apr	il 2,1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or				4. USUAL RESIDENCE	4. USUAL RESIDENCE (Where deceased lived. If institution: residence		
				Maryland	5. COON!!	beiere aumonioni	
HOSPITAL OR	7 7 1		location)	C. CITT OR TOWN	tommakin)		
2702	E. Preston S	it.		Baltim		03	
			Yrs. Mos.	1	D. STREET ADDRESS (If rural, give location)		
	tay in Baltimore		Days	2702 East Preston Street.			
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower Widower				8. DATE OF BIRTH Oct 25,1872	9. AGE (In years 7 plast birthday) 78	H Under 1 Year 1 Under 24 Hours Aonths Days Hours Min.	
10A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF	
Watch r		Self	INICOLNI	Baltimore, M	d.	WHAT COUNTRY	
13. FATHER'S	NAME			14. MOTHER'S MAIDEN			
(Unkn			a burney and	Rose (Unknow	n)		
15. WAS DECEAS	ED EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
No	(Josephan war or date)	of Bot vice)	SECURITY NO.	Mr Augustus N.	Coleman, 3205	Elmley Ave.	
18. 33	× .		CAUSE	OF DEATH		INTERVAL BETWEEN	
	SE OR CONDITION	DIRECTLY			6	ONSET AND DEATH	
	LEADING TO DEA	TH	« (A) CO	rabal k	enat has	e tages	
heart failt	ire, asthenia, etc. It mea	ns the diseas	se,	100 mg	\/	77	
injury or	injury or complication which caused death.) DUE TO						
,	ANTECEDENT CAUSES						
DISEASE	S OR CONDITIONS, I	F ANY, GIVI	(B)	***************************************			
[UNDERL	THE ABOVE CAUSE (A)	STATING TI	HE DUE TO				
2							
OTHER S	OTHER SIGNIFICANT CONDITIONS CON-						
TRIBUTIN	G TO THE DEATH, BUT	NOT RELATE	ŁD .			THE PERSON	
	F OPERATION 1		FINDINGS OF OPER	RATION		20, AUTOPSY?	
310 40010	0					YES NO	
- ZIM. MUCIDI	ENT, SUICIDE,	218. PLA	ACE OF INJURY (e. g.,	n or 21c. WHERE DID	(If in Baltimore City		
HOMICIDE	(Specify)	about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCUR?			
21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	JRY OCCUR?		
OF INJURY		m.	WHILE AT NOT WHILE				
22 / 1	or contifer that 7		A	30 , 1950, to 1	Ch. 0 2 10	50 that I last one th	
deceased a	line on hat I att	- 10 50	and that death seem	rred atm., from	n the causes and on	the date stated above	
23A. SIGNA		, 10,		23B. ADDRESS	the chaces and on	23c. DATE SIGNED	
)9	arrey &	. 100	LLE M.D.	260781	nortante	4-3-50	
24A. BURIAL, TION, REMOVAL (S	CREMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 240	LOCATION (City, tow	n, or county) (State)	
Burial	4/5/5	0	Mt. Carmel	THE PARTY OF THE P	Baltimore, Md		
DATE RECEIVE	D BY REGISTRAR	-		25. FUNERAL DIRECTO		ADDRESS	
APR 4 -	1950 remetic	aton /	Migues, M	William Cook,	Inc., 1217 S	t.Paul St.	
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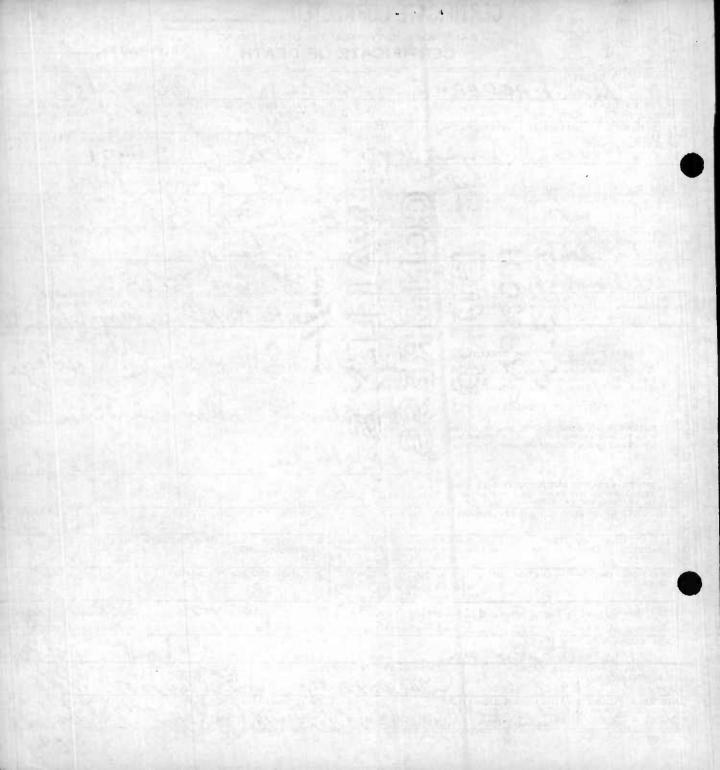
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CERTIFICATE CORRECTED BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) REDERICK MANGOLT OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) (If tural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTHUS 9. AGE (In years last birthday) | Months | Days | Hours : Min. WIDOWED, DIVORCED (Specify) clearly 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BLATAPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME death 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) | (If yes, give war or dates of dervice) 6. SOCIAL (Yes, no or nnknown) SECURITY NO. 18. CAUSE OF DEATH ONSET AND OFATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, /240 injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? HOMICIDE (Specify) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT 22. I hereby certify that I attended the deceased from 3 , 19 Ahat I last saw the , 19) O, and that death occurred at /: 20 m., from the causes and on the date stated above. deceased alive on___ 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED CEMETERY OF CREMATORY 24A. BURIAL OREMA-TION, REMOVAL (Specify) 24B DATE DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGIS VS 150



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DATE RECEIVED BY

REGISTRAR'S SIGNATURE

Physicians:

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ADDRESS

578 W. Biddle St.

25. FUNERAL DIRECTOR

(Mrs) Frances A. Hemsley

And we will be to the window

BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) MARY ESER DEATH April 1, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or c. CITY OR TOWN HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION 2630 AISOUITH STREET Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos c. Length of stay in Baltimore Life 2630 Aisquith Street Days 5 SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 9. AGE (In years 8. DATE OF BIRTH If Under | Year last birthday) | Months: Days | Hours: Min. WIDOWED DIVORCED (Specify) June 8. 1890 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY Housewife home USA Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Seidenzahl Ella Quinn 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Year no or unknown! (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT 2630 Aisquithatsteet (Yes, no or unknown) SECURITY NO. Mr. Daniel W. Eser INTERVAL BETWEEN 18. 33 1. X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Physicians: (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 1940 april 1, 195 Othat I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on (a). 31, 1950 and that death occurred at H Am., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 23B. ADDRESS .3.50 Now. 152 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY Baltimore, Md. burial Baltimore Cemetery DATE RECEIVED BY REGISTRAR'S SIGNAL NRY SANDER & SONS INC. RTH AVE. & BROADWAY -13 ADDRESS VS 150

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22. I hereby certify that I attended the deceased from 4 -/

, 19 50, and that death occurred at 5 50 fm. from the deceased alive on 4-3

23A. SIGNATURE 12. red

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

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Pm., from the causes and on the date stated above.

LOCAL REGISTRAR VS 150

23c. DATE SIGNED 11-3-50

____, 19 5, that I last saw the

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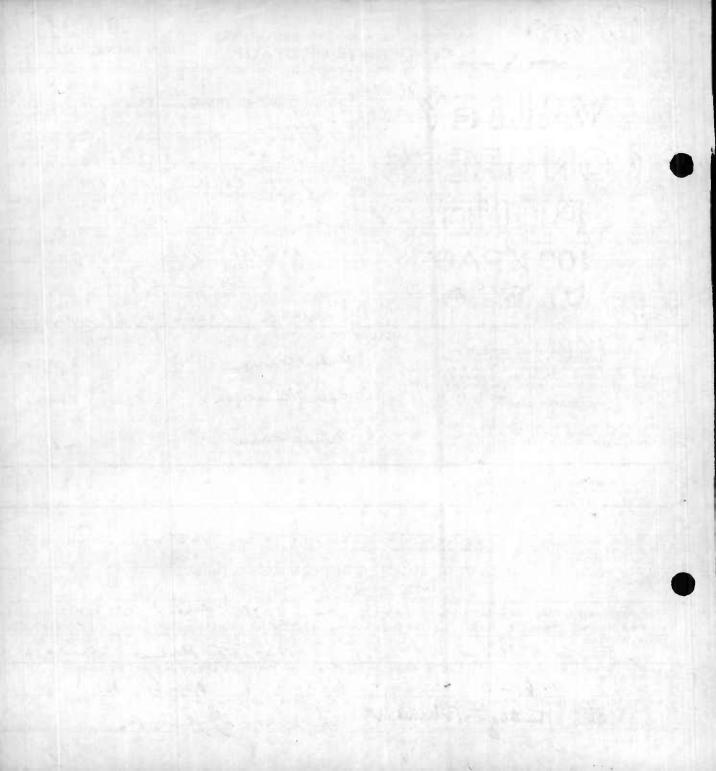
CONTRACTOR OF STREET

BALTIMORE CITY HEALTH DEPARTMENT

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BIRTH NO.	E OF DEATH Registered	NO		
1. NAME OF DECEASED Theresa, a Klea	2. DATE. OF DEATH	3-50		
a. Baltimore City, Maryland 3520 Hillow Lt B. FULL NAME OF (If not in hospital or institution, give street address or		before admission)		
HOSPITAL OR location INSTITUTION	C. CITY OR TOWN (If outside corporate limit	ts, write RURAL and give township)		
c. Length of stay in Baltimore Life Days	D. STREET ADDRESS (If rural, give location)	ill are		
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify Windows)	8. DATE OF BIRTH 9 AGE (In years)	M Under 1 Year H Under 24 Hours onths Days Hours Min.		
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) A Howa	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (You, no or unknown) (If you, give war or dates of service) SECURITY NO.	17. INFORMANT A	Ranenwood		
227 ^	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	2 mka			
(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	3 weeks			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	artino-Seensie	about 5 ys.		
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?		
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING bout home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH				
OF INJURY OF INJURY	E			
22. I herebu certifu that I attended the deceased from	fr., 1948, to Exal 3, 1982 arred at 145 P. m., from the causes and on t	L, that I last saw the		
23A. SIGNATURE Michael A. Ahrama M.D.	23B. ADDRESS 18 20 Enter place	23C. DATE SIGNED april 4,50		
24A. BURIAL, CREMA- TION, REMOVAL (Specify) A-D-50 Place Removal	ery or CREMATORY 24D. LOCATION (City, town Bulk)	nel		
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR	ADDRESS		
VS 150		No		



3120 3120 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Catherine Mackubin DEATH April 2, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland none HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give Latrobe Apartments INSTITUTION Baltimore Charles & Read Sts. D. STREET ADDRESS (If rural, give location) Yrs. Mos. Charles & Read Sts. - Latrobe Apts. c. Length of stay in Baltimore 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) and 6. COLOR OR RACE 9. AGE (In years | fi Under | Year | fi Under 24 Hours last birthday) | Months; Days | Hours | Min. 8. DATE OF BIRTH whi te female single Dec. 13, 1856 93 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even If retired) U.S. WHAT COUNTRY artist - miniature --- oil paintings St. Paul, Minn. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death Charles Nicholas Mackubin Eilen Fay 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no or nohpown) (If yos, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no nr nnknown) SECURITY NO. George Thomas 6 E. Read St. INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND OEATH DISEASE OR CONDITION DIRECTLY artan Achom LEADING TO DEATH
(This does not mean the mode of dying, c. g., write heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. QUE TO Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? important. 21c. WHERE DID (If in Baltimore City, give exact location) 21A, ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? especially OF INJURY WORK 1950 to Khil 2 Ld 1950, that I last saw the 22. I hereby certify that I attended the deceased from fine deceased alive on the late stated above. 1950, and that death occurred at & A. m., from the causes and on the date stated above. 238. ADDRESS 23A. SIGNATURE 23C. DATE SIGNED 15 E. Biddle St. 4 - 3 - 5024A. BURIAL, CREMA-TION, REMOVAL (Specify) OUT 181 24C, NAME OF CEMETERY OR CREMATORY | 240, LOCATION (City, town, or county) 24B. DATE St. Ann's correct Annapolis, Maryland 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE John O. Mitchell & Sons, Inc - 1900 Eutaw Pl. LOCAL REGISTRAR VS 150

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50 3121 3121 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) WILBUR K. BISHOP OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) ALLEG HANEY
(If outside forporate limits, write RURAL and give B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN INSTITUTION UNIVERSITY HOSPITAL township) RFD CUMBERLAND D. STREET ADDRESS (If rural, give location) TIS. Mos. RFD#1 c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED. 9. AGE (In years | If Under I Year | If Under 24 Hours | Iast birthday) | Months; Days | Hours | Min. ff Under 24 Hours WIDOWED, DIVORCED (Specify) 1908 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY ADVERTIZING AGENT MD. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BISHOP HATTIE SHOCKEY WILLIAM 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, oo or unkoown) | (If yes, give war or dates of service) SECURITY NO. SAME UNKNOWN INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH MASSIVE PULMONARY HEMORRHAGE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES EROSION INTO ONE OF THE DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO MAJOR PULMONARY OR BRONCHIAL RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST, Physicians: VESSELS. TRACHEO-ESOPHOBEAL FISTULA OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or eboot home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from 3-31 1950 to 4-3 , 1950, that I last saw the deceased alive on 4-3, 1950, and that death occurred at 825 P.m., from the causes and on the date stated above, 23A, SIGNATURE University 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LECATION (City, town, or county) Luckarla FUNERAL DIRECTOR REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR Vs 150

THE ACTOR STREET STREET Will be appropried to be about send send the and and they putterlett possible

township)

21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH

218. PLACE OF INJURY (e. g., io or about home, farm, factory, street, office bldg., etc.)

av . 1 . 11 " toggane

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F, HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from_

WHILE AT NOT WHILE

deceased alive on april 1, 1950 and that death occurred at 34 234 SIGNATURE

WORK

. 19_ , 19___, that I last saw the A.m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

Jalto.

4-4-1950 BURIAL

ADDRESS

DATE RECEIVED BY RAYREGS 50R

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REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

DR. P. PHELAN 239 LINDEN AVE.

PoweLL 50 3123 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH 3. PLACE OF DEATH! 4. USUAL RESIDENCE (Where deceased lived, I institution; residence A. Baltimore City, Maryland ?710 before admission) A. STATE B. COUNTY Pure B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION (If rural, give location) Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify 8. DATE OF BIRTH If Under 1 Year 9. AGE (in years) last birthday) Months Days Hours Min. Men 30-1880 10A. USUAL OCCUPATION (Give kind of 10B. K!ND OF BUSINESS OR work done and inclined of working life, even if retired) 11. BIGTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? Mouro W 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? no or unknown) (If yes, give war or dates of service) 16. SOCIAL FORMANT ADDRESS (Yes, no or unknown) SECURITY NO. TVAL BETWEEN 18. 470 / CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION () | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT WORK AT WORK 19.50 to_ , 19 12, that I last saw the 22. I hereby certify that I attended the deceased from. 1950, and that death occurred at 113 m., from the causes and on the date stated above. deceased alive on_ 340 P 23c, DATE SIGNED 23A SIGNATURE M. D. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. ME OF CEMETERY OR CREMATORY ON (City, town, or county) (State) 24B, DATE FUNERAL DIRECTOR DATE RECEIVED BY PR 4 - 1950 VS 150

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BALTIMORE CITY HEALTH DEPARTMENT

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В	IRTH NO.			CERTIFICATI	E OF DEATH	Registered	No.
	NAME OF D	ECEASED OTTO	GUTTM	ANN		2. DATE OF Ann	11 1,1950
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION 1001 Aisquith St/ Yrs. Mos.					A. STATE	DEATH ATP. CE (Where deceased lived, I B. COUNTY	
					c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
					D. STREET ADDRESS (If rural, give location)		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Married				VED, DIVORCED (Specify)	8. DATE OF BIRTH Sept.22,1879	9. AGE (In years last birthday) M	if Under 1 Year on this Days Hours Min.
	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer, drafting Arundel Corp			11. BIRTHPLACE (Sta	te or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
13	13. FATHER'S NAME John Guttmann				14. MOTHER'S MAIDEN NAME Rosa Gilbert		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 212-01-5026				SECURITY NO.	17. INFORMANT ADDRESS Mrs E.S.Guttmann, 1001 Aisquith St.		
RTIFICATION	injury or complication which caused death.) DUE TO Not on				nerable.	its regional nuter	Three Phant 12 y
L CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION 20.					20. AUTOPSY?	
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	OF INJURY	(Month) (Day) (Year		WHILE AT NOT WHILE WORK AT WORK		NJURY OCCUR?	
	22. I hereb deceased at 23A. SIGNA	TURE	tended the	12	18-, 19 49, rred at 24 m., 1 3B. ADDRESS	rom the causes and on	the date stated above
2 TI	4A. BURIAL, (S ON, REMOVAL (S Burial	CREMA- 248. DATE 4/4/50	- u	24c. NAME OF CEMETE Loudon Park	RY OR CREMATORY	24b. LOCATION (City, tow Baltimore, Md.	n, or county) (State)
	ATE RECEIVE	D BY REGISTRAD	E SIGNAT	Minus, MA	25. FUNERAL DIRE		1 Staul 5
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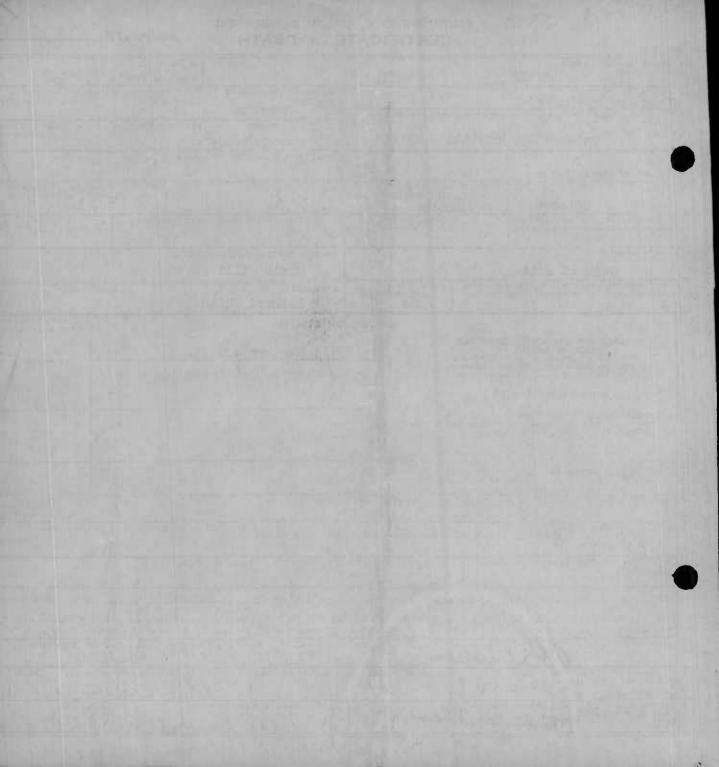
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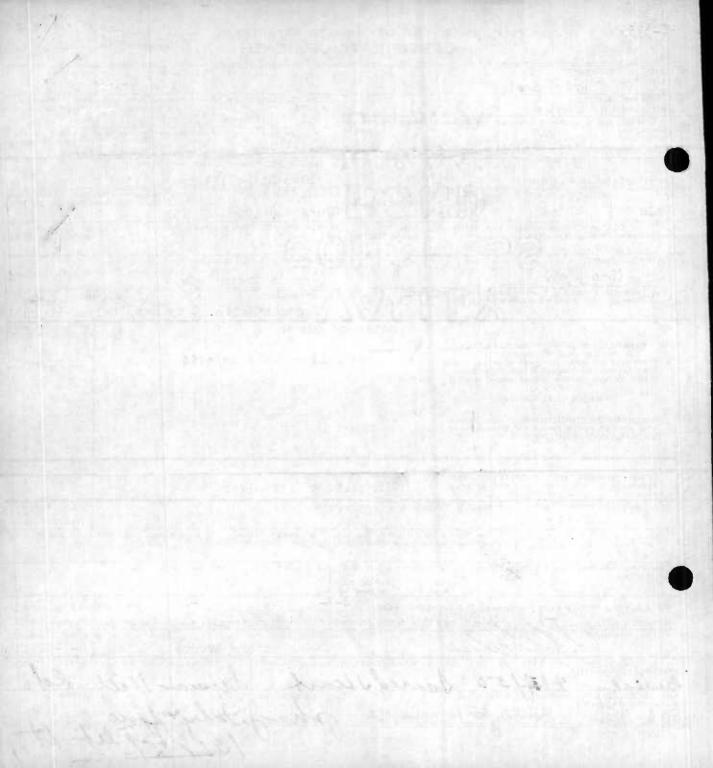
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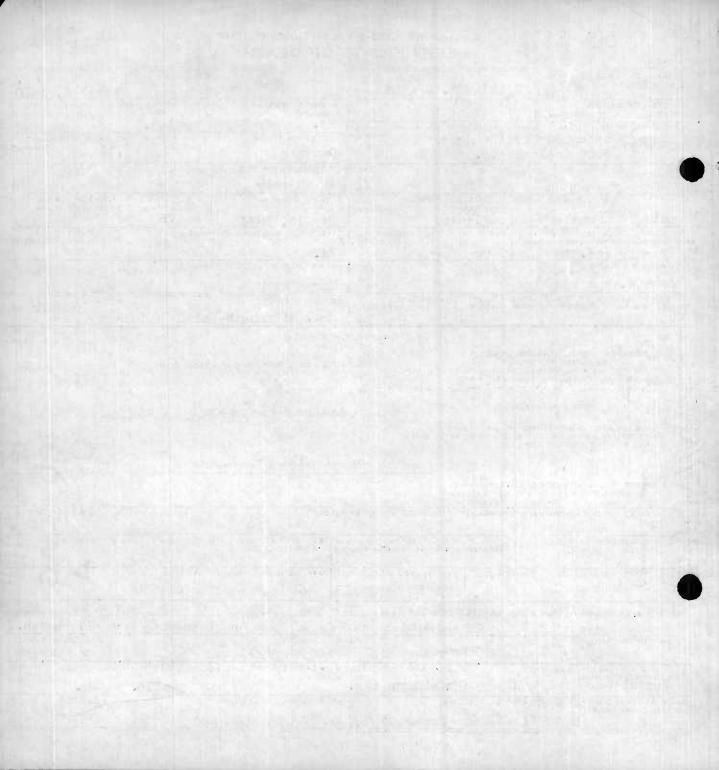


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BALTIMORE CITY HEALTH DEPARTMENT



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	OF DECEASED	Florence FLORANCE	BENNETT REED		OF API	r. 1, 1950
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HOSPITA			tion, give street address or location)		tside corporate limits	Avrite RURAL and g
	0000 13	DVX GAA	Yrs. Mos.	D. STREET ADDRESS (If run		A
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10A. USU work done dur	DAL OCCUPATION (C ring most of working life, eve housewife	Give kind of 10B. KINI at h	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore		12 CITIZEN OF WHAT COUNTS
13. FATH	Edward W.	Face		14. MOTHER'S MAIDEN NAME Eliz. W. Bennett		
(Yes, no or u		S. ARMED FORCES? war or dates of service)	16. SOCIAL SECURITY NO. NONE	Mr. Arthur F.		DDRESS V. North Ave
TIFICATI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-					
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U TO	THER SIGNIFICANT RIBUTING TO THE DEA THE DISEASE OR CO DATE OF OPERATIO	ATH, BUT NOT RELAT	TEO			20. AUTOPSY
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21A. HOM 210. OF IN decen 23A. BUTION, REM B	ACCIDENT, SUICIDICIDE (Specify) TIME (Month) (Day NJURY Assed alive on SIGNATORE JRIAL, CREMA- MOVAL (Specify) UTial	ATH, BUT NOT RELATIONOLITION CAUSING DN 0 198. MAJOF E. 218. PL about home, y) (Year) (Hour) m. pat I airended the	ACE OF INJURY (e.g., if farm, factory, street, office bldg., stree	RATION in or 21c. WHERE DID (If injury oct.) INJURY OCCUR? IED 21f. HOW DID INJURY of the product of the prod	n Baltimore City, g	yes No live exact location) Ithat I last saw to date stated about 23c. DATE SIGNE

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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) ' f not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location C. CITY OR TOWN (If outside copporate limits write RUMAL and give INSTITUTION Yrs. D. STREET ADDRESS (If paral, give location) Mos. c. Length of stay in Baltimore vlaw Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) Months Days Hours Min. May 4, 1886 single 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? physician Health Dept. Md 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ferdinand Reinhard Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknowo) | (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknowo) SECURITY NO Safe Deposit & Trust Co. 13 South St. causes INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Acute muscular dystrophy (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Virus pneumonia DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. FUE TO veracular atroph 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY: 21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? impor 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY NOT WHILE; WHILE AT 22. I certify that I took charge of the remains described above, held an Inglection thereon and from Autopsy, Inspection or Inquiry the cvidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes A, accident | suicide | homicide | undetermined | 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) Cremation Loudon Park Balto., Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 151

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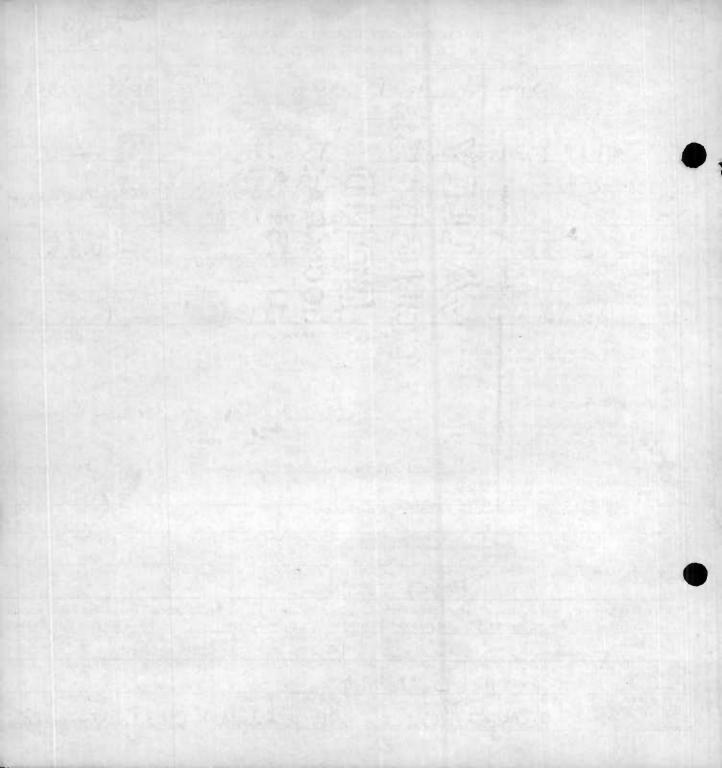
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BALTIMORE CITY HEALTH DEPARTMENT

В	IRTH NO.	CE	RIFICA	IE OF DEATH	weg is tel.	ed No.		
	NAME OF DECEASED Type or Print)	osiph	A. B.	ADV	2. DATE OF DEATH OF	mil 3 1950		
	PLACE OF DEATH: Baltimore City, Maryland	7-1011	,,,,	4. USUAL RESIDENC		d. If institution: residence before admission)		
H	OSFITAL OR	pital or institution, s	give street address location		(If outside corporate	Units, write RURAL and give		
.	2138 Pa	noisin	1	Balto		+- Q3 township)		
- Rain	Length of stay in Baltimore		Yrs. Mos.	21300	(If rural, give location	+		
	SEX 6. COLOR OR RAC	E 7. SINGLE, MA	Days ARRIED, DIVORCED (Specif	8. DATE OF BIRTH	9. AGE (In year last birthday)	Months: Days Hours Min.		
	DA. USUAL OCCUPATION (Give kine	Infl 108 KIND OF	BUSINESS OR	11. BIRTHPLACE (State	76 73	12. CITIZEN OF		
nor	k done during most of working life, even if retire	MO W N	INDUSTR		A .	WHAT COUNTRY?		
	B. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME	/		
1 15	5. WAS DECEASED EVER IN U. S. ARM	MED FORCES? 16	. SOCIAL	17. INFORMANT		ADDRESS		
	yes (If yes, give war or d	American	SECURITY NO.	Bellield B	1414 mo	mor CT.		
canses	18. 443 X 1		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION LEADING TO DE (This does not mean the mod	EATH	7	war and	di	leader		
MILLE	heart failure, asthenia, etc. It n injury or complication which	neans the disease,	DUE TO			0 7		
	ANTECEDENT CA	USES		to 10 91 Day =	2016.2			
NOIL	DISEASES OR CONDITIONS	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
CERTIFICAT	UNDERLYING CONDITION	LAST.		, ,				
TIF	11		(c) ne	unto a x	up.	Sex weeks		
CER	TRIBUTING TO THE DEATH, BUT NOT RELATED							
	19a. DATE OF OPERATION	198. MAJOR FIN	IDINGS OF OPE	ERATION		20. AUTOPSY?		
DIC	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		OF INJURY (e.g.		(If in Baltimore Ci	ty, give exact location)		
EDICAL			INJURY OCCUR		LUBY OCCUPA			
	2ID. TIME (Month) (Day) (Yes	WHILE	AT NOT WHIL	E	JUNI GEEORI			
	22. I hereby certify that I attended the deceased from 2 = 26 = ,1950, to 1 = 3 = ,1950, that I last saw the							
especiany	deceased alive on 4 - 2 - 19 50, and that death occurred at 4 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED							
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1 71	AA. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)		4.4	A	IO. LOCATION (City, t	own, or county) (State)		
ral-r	ATE RECEIVED BY REGISTRA	R'S SIGNATURE	salts no	25. FUNERAL DIRECT	OR	ADDRESS		
3 7	APR 45 TO HE	ticeton //	liane M. W.	George D. Va	Son 13031	restman at		
	VS 150	0 00 00	3 5 A	0) 0		930		

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3135

	NAME OF D Type or Print)	OCTA		DARV	F B	2. DATE OF	4/3/00
3	PLACE OF D		V / A	PARK	4. USUAL RESIDENCE (If institution residence
8.	FULL NAME		oital or institut	tion, give street address or	M D.	B. COUNTY	before admission)
H	OSPITAL OR	1 = 1 = 0		location)		f outside corporate lim	uits write RURAL and give township)
	0	1369 1	TRIC		BALTO		-O township)
	Langth of a	ton in Dolting		Yrs. Mos.		f rural, give location)	4 = 2 (T
	SEX	tay in Baltimore		Days E, MARRIED.	8. DATE OF BIRTH		If Under 1 Year If Under 24 Hours
7	EMALE	COLOREI		VED, DIVORCED (Specify)	SEDT : 1870	last birthday) N	fonths Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of wnrking life, even if retire	of 108 KIND	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	L 12 CITIZEN OF
WOI		E WIFE	d)	INDUSTRY		ROWINA	WHAT COUNTRY?
13	FATHER'S	NAME			14. MOTHER'S MAIDEN N	IAME	02.17.
	FR.	ANK DO	WNA	EY	LINKNI	OWN	
15 (Ye	. WAS DECEASE	ED EVER IN U. S. ARM (If yes, give war nr da	ED FORCES?	6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		
,				SECORITY NO.	EUIAS PA	RKER 13	169 N STRICKE
H.	18. 422. / CAUSE OF DEATH					INTERVAL BETWEEN	
	DISEAS	SE OR CONDITION			10		
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,						UNKNOWN
	injury or complication which caused death.) DUE TO						
	ANTECEDENT CAUSES					CUNKNOWN	
O	DISEASES OR CONDITIONS, IF ANY, GIVING						3
ATIO	RISE TO T	HE ABOVE CAUSE (A	USE (A) STATING THE DUE TO				
ICA							
TIF	MINEL.	II		(C)			
ERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED						
U	TO THE DISEASE OR CONDITION CAUSING IT.				ATION		L SO AUTORGUS
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION					20. AUTOPSY?	
DICA		NT, SUICIDE,		ACE OF INJURY (e. g., i		If in Baltimore City,	
三三	HOMICIDE	(Specify)	about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
3	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
	OF INJURY WHILE AT NOT WHILE MORK AT WORK						
	22. I hereby certify that I attended the deceased from FFB /5, 1950, to APRIL 3, 1950, that I last saw the						
	deceased al	ive on MAR 3	/ 1950	and that death occur	rred at 7 Am., from	,	the date stated above.
	23A. SIGNAT	TURE			3B. ADDRESS		236 DATE SIGNED
	OW	ellige	nt	rey M.D.	1928 Pen	na Rhe	1 × /50
TI	AN BURIAL, C	REMA- 24B. DATE	100	24C. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town	n, or county) (State)
6	Duria	17/6/	150	my and	run 17	w	
L	ATE RECEIVE	REGISTE AL	R'S SIGNATU	RE.	25. UNERAL DIRECTOR	11. 1.	ABORESS _
_	47 K 4 - K	Fin	the for	/ Whatte Hill	Neg. 35 1	recon /	usslman t
	VS 150		The same	A series and A posts			936

PLEASE WRITE FLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied correct age is especially important. Physicians: please write the causes of death clearly and legible.

450 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION and legib Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days should be 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED. 9. AGE (In years) 8. DATE OF BIRTH If Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) clearly 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? RETITED Salesman informati 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO 7-05-2964 of INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21c. WHERE DID (Specify) INJURY OCCUR? HOMICIDE 21p. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from Ven. 1 , 19 to 4/2/1/ 2, 19 10, that I last saw the deceased alive on 1966, and that death occurred at 100 m., from the causes and on the date stated above, 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 4.315 24A. BURIAL. CREMA-24B, DATE 24c. NAME OF CEMETERY OR CREMATORY (State) TION, REMOVAL (Specify) BURIAL DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150 4 12 13 Majaran 2

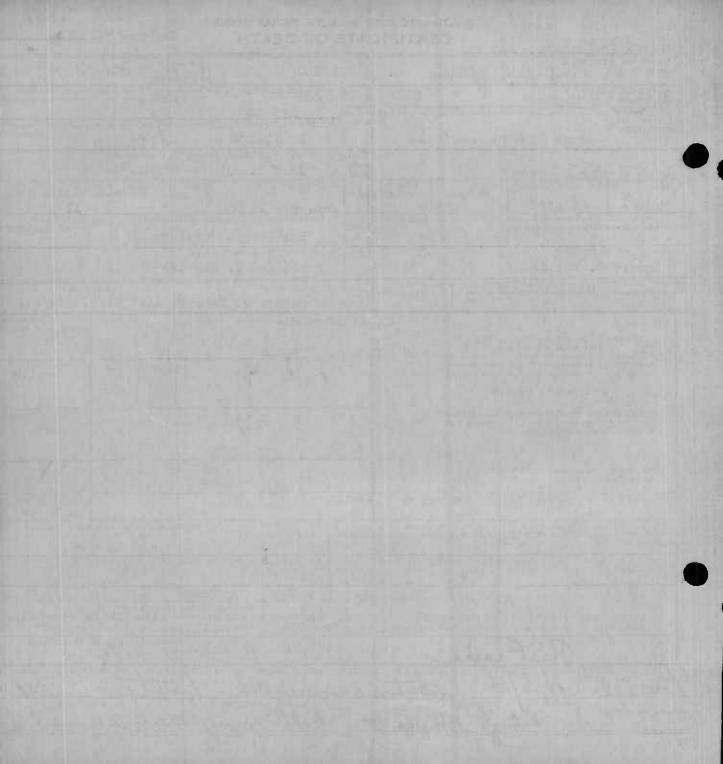
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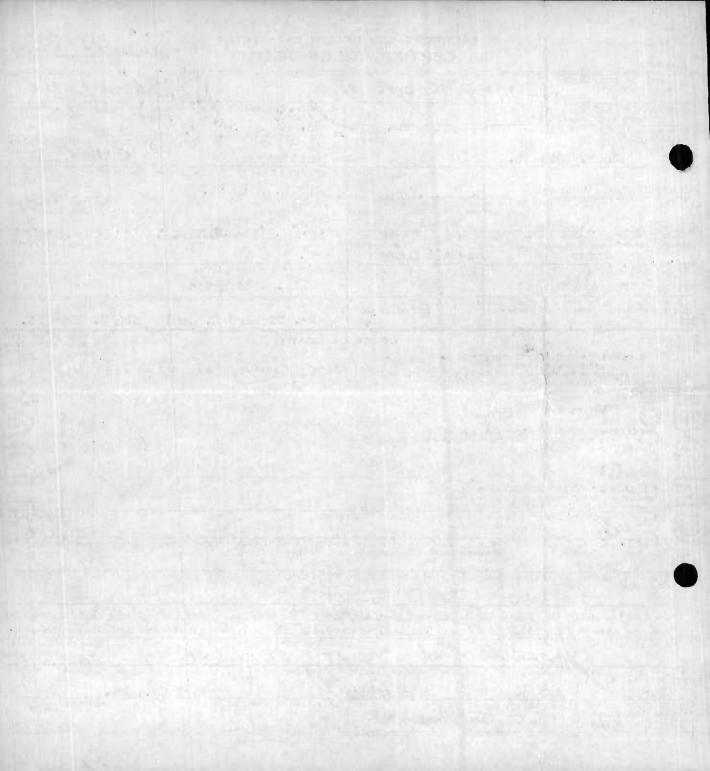


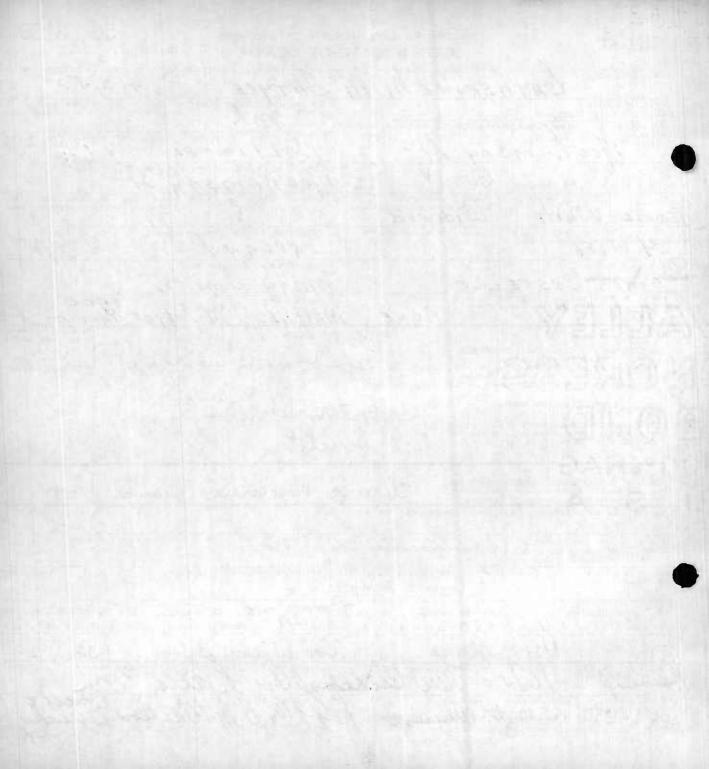
BALTIMORE CITY HEALTH DEPARTMENT

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BIR 21.28	CERTIFICATI	E OF DEATH	Registered No	0.100	
1. NAME OF DECEASED ALDOM	, Robert W	/	2. DATE APRIL	1,1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W		stitution: residence hefore admission	
8. FULL NAME OF (If not in hospital or in: HOSPITAL OR TITUTION 635 E. 30th St.	stitution, give street address or location)	c. CITY OR TOWN (If a Baltimore	outside corporate limits	write RURAL and give township	
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If r 635 E. 30th St	ural, give location)		
5. SEX 6. COLOR OR RACE 7. SII	NGLE, MARRIED, DOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 14. 1875		der i Year in Under 24 Hours hs: Days Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or for		2. CITIZEN OF WHAT COUNTRY	
13. FATHER'S NAME George Aldom	204150	14. MOTHER'S MAIDEN NAME Eliz. Biddington			
15. WAS DECEASED EVER IN U.S. ARMED FORCI (Yee, no or unknown) (If yes, give war or dates of servi	ES? 16. SOCIAL SECURITY NO.	17. INFORMANT Mr. Richard E.	ADD	RESS . 30th St.	
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIL UNDERLYING CONDITION LAST.	g, e. g., (A) (AYCI) disease, death.) DUE TO	10 ma, Primary o	f Stomach	Unknown	
UNDERLYING CONDITION LAST. U II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAUS	ELATED				
19a. DATE OF OPERATION 19B. MA	AJOR FINDINGS OF OPER			YES NO	
21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?				e exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	m. WHILE AT NOT WHILE				
22. I hereby certify that I attended deceased alive on March 31, 19-	50, and that death occur	rred at 5: 15 Pm., from th	e causes and on the	date stated above	
23A. SIGNATURE Joseph St.	Bird M.D.	2818 St. Paul		April 1,1950	
24A. BURIAL CREMA 24B. DATE TION REMOVAL (Specify) Burial 4/4/50	Meadowridge		ward Co. Md.		
APR 4 - 150	- 10//11." // mx	25 FUNERAL DIRECTOR	cert sons	Putto 11/4	

correct age is especially important. Physicians: please write the causes of feath clearly and reprince





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BALTIMORE CITY HEALTH DEPARTMENT Registered No. 0 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OHN OMANOWSKI DEATH -4. USUAL RESIDENCE Where deceased lived. If institution: residence
A. STATE

B. COUNTY

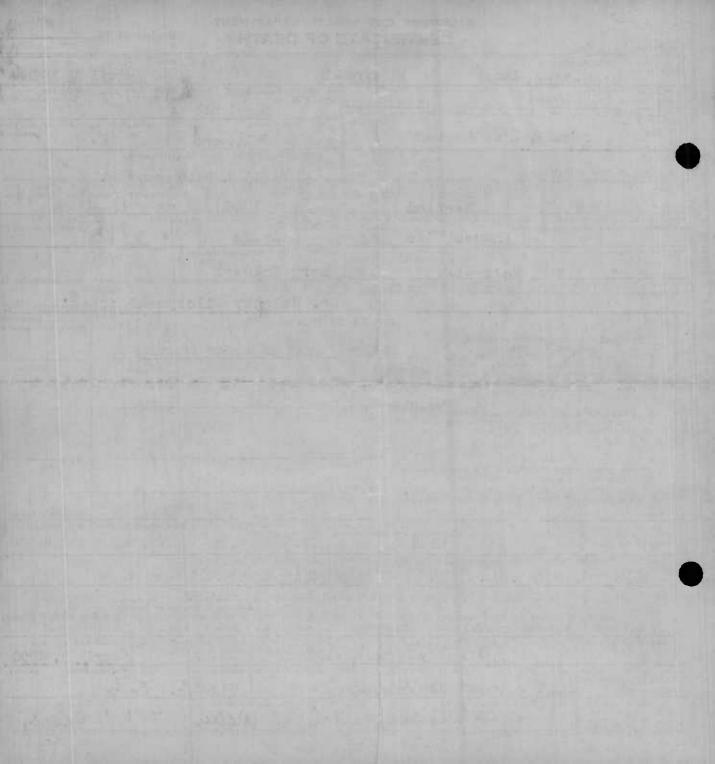
before admissi 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) Samaritan Hosp C. CITY OR TOWN (If outside corporate limits, write RURAL and give D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 9. AGE (In years) last birthday) Months; Days Hours! Min. WIDOWED, DWORCED (Specify) MI IOA. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done pring most of working life, even if retired) INDUSTRY WHAT COUNTRY? dulaus ana 13. FATHER'S NAME MAIDEN NAME S. WAS DECEN WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) SECURITY NO Was # 18. CAUSE OF DEATH 00.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DHE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Monie TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY 2 IA. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21c. WHERE DID HOMICIDE (Specify) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT AT WORK 22. I hereby certify that I attended the deceased from 2 Mai apr 1950 that I last saw the 1950 to deceased alive on 1950, and that death occurred at 11 from the causes and on the date stated above, 2340 SIGNATURE 23B. ADDRESS 23C DATE SIGNED 20 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or county) DATE RECEIVED BY 1/25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

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Physicians: 238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER.. age April 3. 24C. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or county) 24A. BURIAL CREMA-TION, REMOVAL (Specify) 1950 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 151

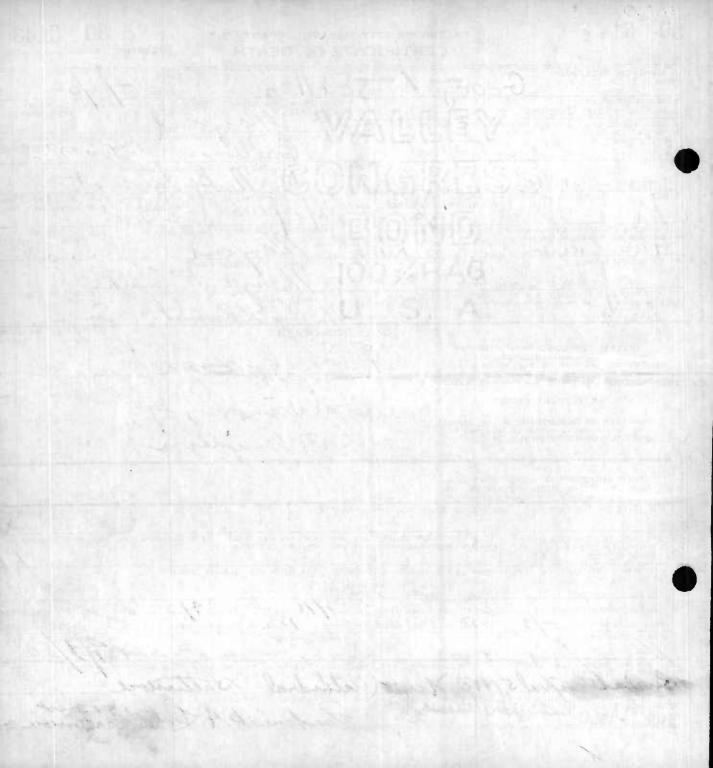


BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF OECEASEO 2. OATE (Type or Print) Georg DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If in titution: residence A. Baltimore City, Maryland before admission) A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution; give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If poral, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In years) if Under 1 Year If Under 24 Hours WIDOWED, DAVORCED (Specify) last birthday) Months; Days Hours Min. 1900 104. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR rreet leaner 5a /To anylon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown (If yes, give war or dates of service) SECURITY NO. damo 18. 332. X CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY 9 LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINOINGS OF OPERATION 20. AUTOPSY important. 218. PLACE OF INJURY (e. g., in or 21c. WHERE DIO (If in Baltimore City, give exact location) 21A. ACCIOENT WAS UNDER. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW OIO INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE ATT NOT WHILE [WORK . 1950, that I last saw the 22. I hereby certify that I attended the deceased from. . 19 50, and that death occurred at 12 2m., from the causes and on the date stated above. deceased alive on_ 23A SIGNATURE DATE SIGNED M. D. 24A. BURIAL, CREMA-24c. NAME OF CEMETERY DR CREMATORY 24D. LOCATION (City, town, of coupty) TION REMOVAL (Spe DATE RECEIVED BY REGISTRAF ADDRESS 913 4 LOCAL REGISTRAR VS 150

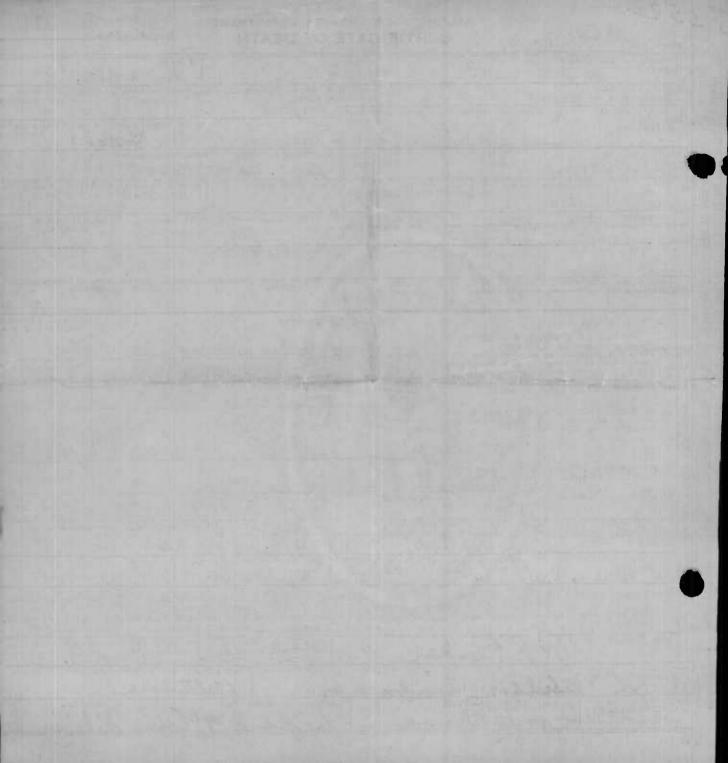
death

causes

Physicians:



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. B)RTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION UNIV. Hosp. Baltimor e D. STREET ADDRESS (If rural, give location) 1506 Eutaw Place c. Length of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | ff Under 1 Year | ff Under 24 Hours | 5 Jast hirthday) | Months; Days | Hours | Min. WIDOWED, DIVORCED (Specify) Separated 14 yrs Oct. 17, 1898atout 48 51-1 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Plumbing & Plaster- Md. Assistant 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wesley John W. Strawsburg Margaret Eliz. Harris 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT **ADDRESS** SECURITY NO. Mrs. Robert M. Stonehocker 2908 Miles A 20-03-0706 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH At Intracerebal Hemmitose Hypertenenie of arterindente Cardin Voscular Berin DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., In or (If in Baltimore City, give exact location) 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 4.3 1950 that I last saw the 22. I hereby certify that I attended the deceased from 4.3 1950, to_ deceased alive on 4.3, 1950, and that death occurred at 658 m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 4.4.50 24A. BURIAL (CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Moregand Memorial Park Cem. Taylor Ave., Baltimore Co.Md Burial DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150



Struck by falling bag of raw sugar AT WORK autopsy 22. I certify that I took charge of the remains described above, held an . thereon and from Autopsy, Inspection or Inquiry

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes □, accident ☒, suicide □, homicide □, undetermined □. 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER. 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER

MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248 DATE 24c. NAME OF CEMETERY OR CREMATORY! 240. LOCATION (City, town, or county) Baltimore Md. 4/5/1950 Cathedral Burial DATE RECEIVED BY 25. FUNERAL DIRECTOR

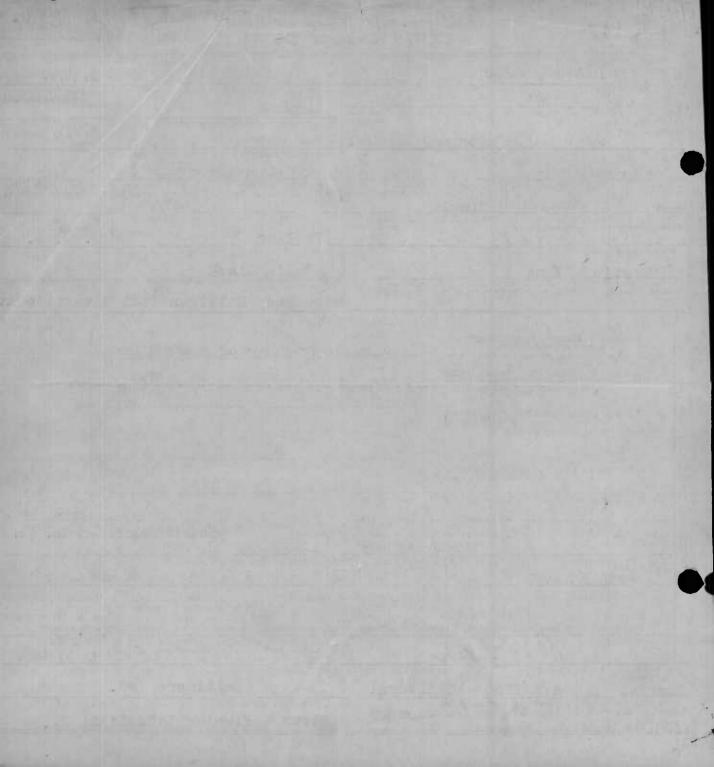
REGIOTRAR'S SIGNATURE LOCAL REGISTRAR Flynn & Fleming I426 Light VS 151

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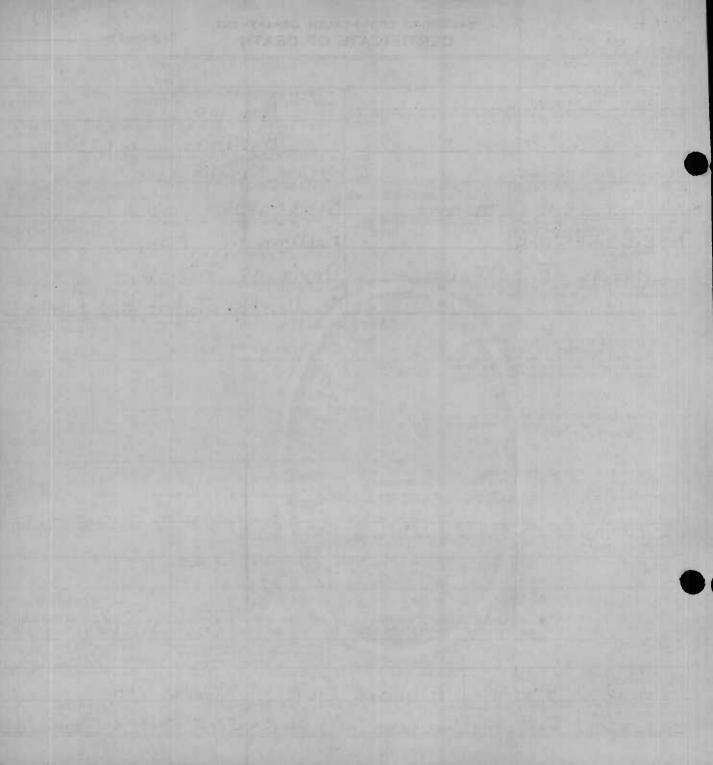
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ADDRESS



50 3148 BALTIMORE CITY HEALTH DEPARTMENT 3148 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF nsil 2-1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased live). If institution: residence
A. STATE
B. COUNTY
before admissi A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE | 7. SINGLE, MARRIED BIRTH If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. narried 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR ACE (State or foreign country) 12. CITIZEN OF during most of working life, even if retired) WHAT COUNTRY? ERTILIZER manager ATHER'S NAME uis 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Cardio-ruel LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthonia, etc. It means the disease, injury or complication which caused dcath.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from . 3 to and . 2 , 1950 that I last saw the deceased alive on Trace 2519 50. and that death occurred at 10 A.m., from the causes and on the date stated above, 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED Grossy Varierr 24A. BURIAL, CREMA-BURIAL, CREMA-24B, DATE ATION (City town, or county) 25 FUNERAL DIRECTOR FEGISTRAR'S SIGNATURE DATE RECEIVED BY ADDRESS VS 150

Dr. Saunger.



0 - 3150BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived If institution; residence B. COUNTY A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate fimits, write RURAL and pive OR TOWN INSTITUTION D. STREET ADDRESS If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. If Under I Year 9. AGE (in years WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours | Min. OA. USUAL OCCUPATION (Give kind of work domeduring make of working tipe even if retired) 11. BIRTHPLACE (State or pereign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF VNDUSTRY WHAT COUNTRY? 14. MOTHER'S 15. WAS DECEASED EVER IN V. S. ARMED FORCES:
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL DRMANT ADDRESS (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Prostatio Barcinomo LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) . OTHER SIGNIFICANT CONDITIONS CONthe Carlio Var when many TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION EDICA 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 11 1941, to_ 19 50 . and that death occurred ut 12 36 Am., from the causes and on the date stated above. dedeased affive on 1 Mari

20. AUTOPSY YES (If in Baltimore City, give exact location) 19 50, that I last saw the 230 DATE SIGNED 24D. LOCATION (City, town, or county)

before admission)

(qidettwo)

VS 150

234 SIGNATURE

DON, REMOVAL (Specify)

DATE RECEIVED BY

BURIAL, CREMA-

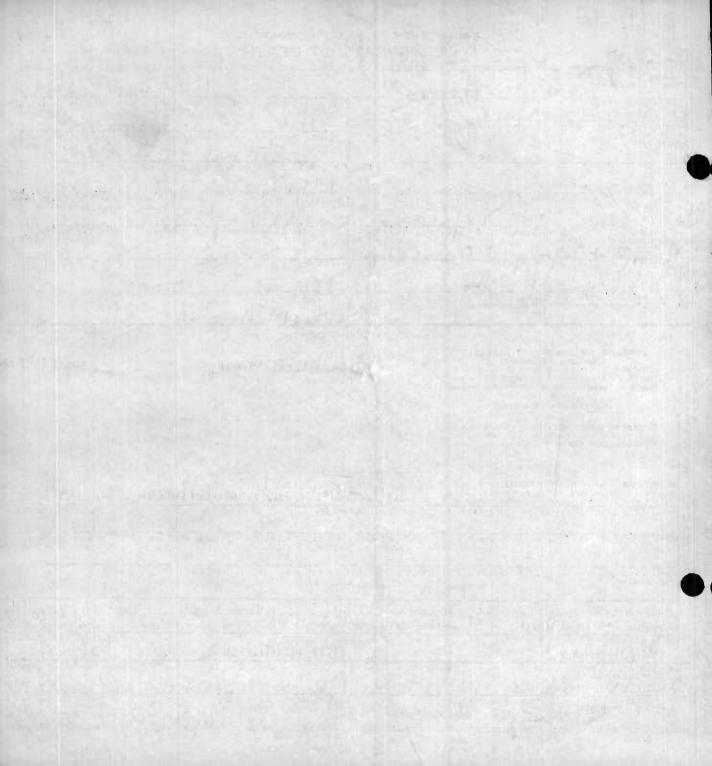
24B. DATE

which / 10

24c. NAME OF CEMETERY OR CREMATOR

23B. ADDRESS

DIRECTOR



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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1. NAME OF DECEASED	2. DATE
(Type or Print) Frank Wilson Mallonee	DEATH Anrill1.1950
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If institution; residence
A. Baltimore City, Maryland 3506 Milford Ave. B. FULL NAME OF (If not in hospital or institution, give street address or	a. STATE B. COUNTY before admission) 3506 Milford Ave.
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
INSTITUTION	township)
5 O	Baltimore, Md. 280 Community
Yrs. Mos.	
c. Length of stay in Baltimore 64 years Days	3506 Milford Ave.
c. Length of stay in Baltimore 64 years Days 5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years H Under Year Months Days Hours Min. Oct 31 1885
Male White Married	Oct.31,1885 64
10A. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, even if retired) Bookkeeper J.Ross Meyers &	Son Baltimore, Md. WHAT COUNTRY?
Bookkeeper J. Ross Meyers &	14. MOTHER'S MAIDEN NAME
36 77	Anna Matilda Emich
William Lyon Mallonee	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No. 16. SOCIAL 215-09-1051	17. INFORMANT ADDRESS
No 215-09-1051	Alice B. Mallonee
18. / T/ X CAUSE	OF DEATH
7-7-7	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Research Mar
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	moma (Stomach) 1948 3 yrs?
Z (B)	recome Domack 11945 -71
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
O TO THE DISEASE OR CONDITION CAUSING IT.	
1939	RATION Prostate eterny 20. AUTOPSY?
U 21A ACCIDENT SUICIDE. 218 PLACE OF INJURY (6. g. i.	nor 21c. WHERE DID (If in Baltimore City, give exact location)
21A. ACCIDENT. SUICIDE. 21B. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bldg.,	
AE AE	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT NOT WHILE	
m. WORK AT WORK	05 NUSO 10
22. I hereby certify that I attended the deceased from	, 1945, to 4/1/50, 19_, that I last saw the
	rred at \$20 Pm., from the causes and on the date stated above.
23A. SIGNATURE	23B. ADDRESS 23C/DATE SIGNED
HUTTAIKEL M.D.	701 Develue out at 144130
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	
Burial April 4-50 Loudon Par	k Baltimore Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	Frank the land
APR 4 - 1350 human for mulante me	6 de la constante de la consta

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correct age is especial important. Frysicians: please write the causes of death clearly and leg-

2,060 5118 Gwynn Oak Ave. 46B

STATE OF STA Carlotte and the second 3410

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AND REAL PROPERTY.							
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					17 30		

BIRTH NO.

		DECEAS	ED
(Type	or Prin	t)	
,		,	

Estelle Taylor Andrews

2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence

Moril 2, 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR) (If not in hospital or institution, give street address or location)

A. STATE Md. C. CITY OR TOWN

B. COUNTY before admission) (If outside corporate limits, write RURAL and give

Taylor Friends Home

c. Length of stay in Baltimore

Baltimore Yrs. Mos. 2001 Park Ave.

D. STREET ADDRESS (If rural, give location

5. SEX 6. COLOR DR RACE Female

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single White

Life

8. DATE OF BIRTH Unknown

9. AGE (In years) AGE (In years | If Under | Year | II Under 24 Hours last birthday) | Months; Days | Hours | Min. About 82 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

108, KIND OF BUSINESS OR INDUSTRY

Days

Baltimore, Md. 14. MOTHER'S MAIDEN NAME

Miss Bertha Janney -

WHAT COUNTRY

13. FATHER'S NAME

death

RTIFI

Joseph Andrews

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

Anna Burgess 17. INFORMANT

ADDRESS 2001

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH 51 auriculo-Ventralar heart block Intra ventricular heart blo (Stokes adams Inno

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

	YES	NO
give	exact	location)

20, AUTOPSY

21A, ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH

218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City.

210. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

NOT WHILE 22. I hereby certify that I attended the deceased from Make 2

, 1938 to apr 2 , 1930 that I last saw the deceased alive on al 2 1950 and that death occurred at 647 f. m., from the causes and on the date stated above.

23A, SIGNATURE

· Kuetscher

23B. ADDRESS

CAR 3/50

24A. BURIAL, CREMASTION, REMOVAL (Specify) 24B, DATE

Burial DATE RECEIVED BY Friends Burial Ground

25. FUNERAL DIRECTOR

Stokes - adams Can affection marked by a story pute, allates of restron, + epulyston or apoplestord sergues provide and to arthurselves of restebral and Heart block!
intersentructure : a form in which one rentricle contents without the other on account of Statementer in on of the branches of the bundle of His Called also bundle - branch Alock. auriculoventricular a form in which the blocking is at the auriculorenticular junction Heart block, The condition in which the museul. enter connection between the auriely or rentrealing is interrupted, so that the surich or valued best independently of each other - it PARAMETER CONTRACTOR SECTION S

3154 BALTIMORE CITY HEALTH DEPARTMENT Registered No. 50-3154 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) John Wilson DEATH ADril 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland 1708 Eutaw Pl. A. STATE B. COUNTY before admission) Balto. 5500 (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location' C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Freeland, Nursing Home Elmohurst o. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore yrs.2 wks. Keaney Mill Road Dave 6. COLOR OF RACE 7. SINGLE, MARRIED, AGE (In years | Il Under | Year | Il Under 24 Hours last birthday) Months: Days | Hours: Min. B. DATE OF BIRTH 9. AGE (In year) Il Under 24 Hours WIDOWED, DIVORCED (Specify) Male white widowed 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Farmer Ret. Self Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMATIOWS On, Md. ADDRESS (Yee, no or unknown) (If yes, give war or dates of service) SECURITY NO Balto. Co. Welfare Bd. Records INTERVAL BETWEEN 1B. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Gerebral Hemorrhage (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES ... Cardio Vascular Disease adv. ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE QUE TO UNDERLYING CONDITION LAST. Arteriosclerosis advanced 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 MEDICAL important. YES (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! AT WORK WORK 1947, to Apr. 1/ 19 5 hat I last saw the Mar. 22. I hereby certify that I attended the deceased from_ deceased alive on 127. 31/19 50 and that death occurred at 5:45Pm., from the causes and on the date stated above, 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 700 240. LOCATION (City, twn, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24B, DATE New Freedom, Penna. Burial Bowser Cem.

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Physicians:

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DATE RECEIVED BY

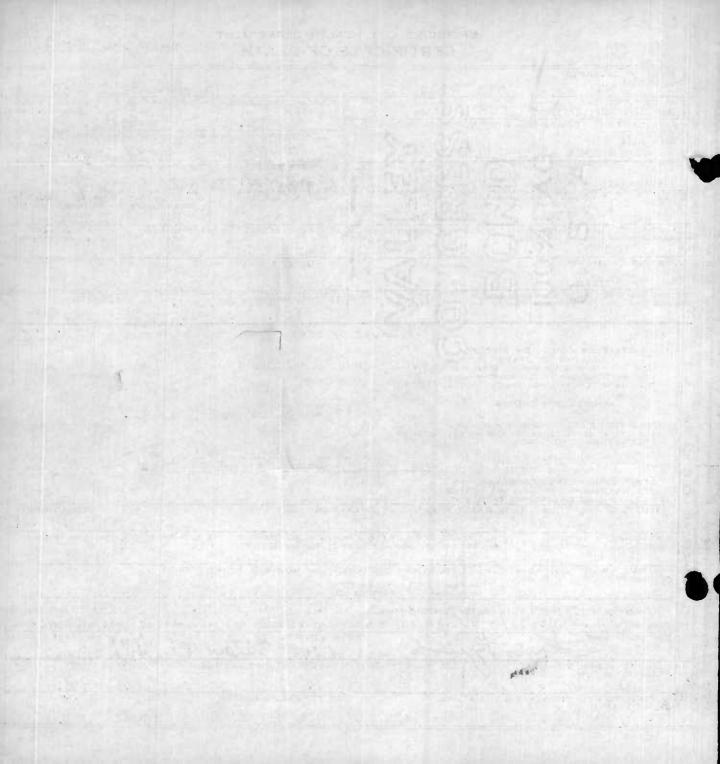
LOCAL REGISTRAR

John Burns' Sons Huntington Williams MD Apr. 4/ VS 150

25. FUNERAL DIRECTOR

85

ADDRESS



50 3155 JL- 135378 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED Robert Harker 2. DATE 3-31-50 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE before admission) B. COUNTY of not in hospital or institution, give street address or Baltimore City Hospital Socation) B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4940 Eastern Ave. township) Baltimore D. STREET ADDRESS (If rural, give location) Mos. 420 East St. - 2 c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5 SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours Min. Male White July 25.11864 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY? Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John James Harker Rebecca Gladson 15. WAS DECEASED EVER IN U, S. ARMED FORCES? Yes. no or unknown) | (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. B. C. H. Records. 4940 Eastern Ave. 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Hydronephrosis and Pyelonaphritis heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Arteriosclerotic Heart Disease with failure ERTIFICATION (8) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO Carcinoma of the bladder OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Carcinoma of the Colon TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20 AUTOPSY EDICAL 1-30-50 Incarcerated Hernia 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, ferm, factory, street, office hidg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT AT WORK WORK 1-30-50 19 to Mar. 31 , 19 50 that I last saw the 22. I hereby certify that I attended the deceased from. 19 50, and that death occurred at 7.30PM., from the causes and on the date stated above. deceased alive on Mar 31 4-3-50 ATE SIGNED 23A. SIGNATURE 23B. ADDRESS 4940 Eastern Ave M. D. | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE (State) Greenmount 4-5-1950 Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

VS 150

LOCAL REGISTRAR

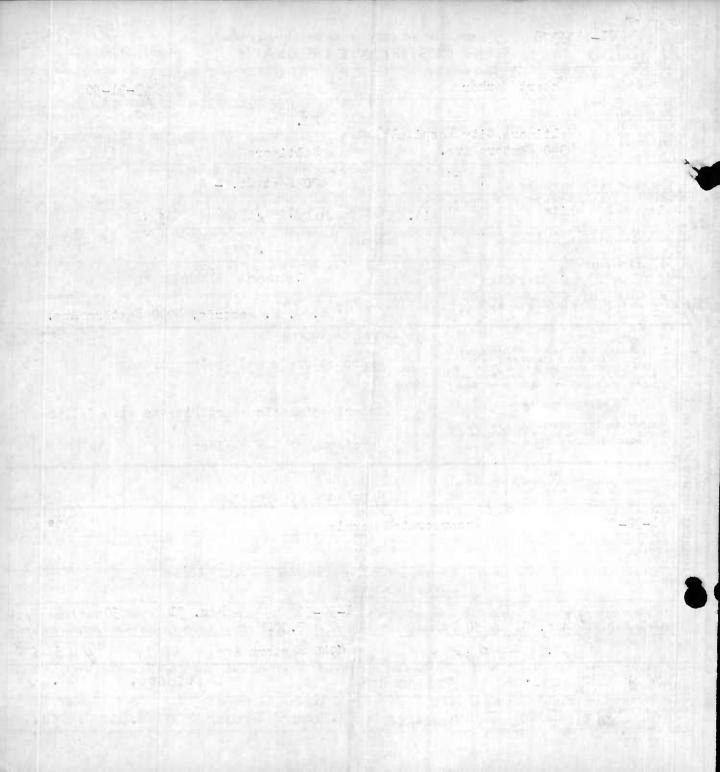
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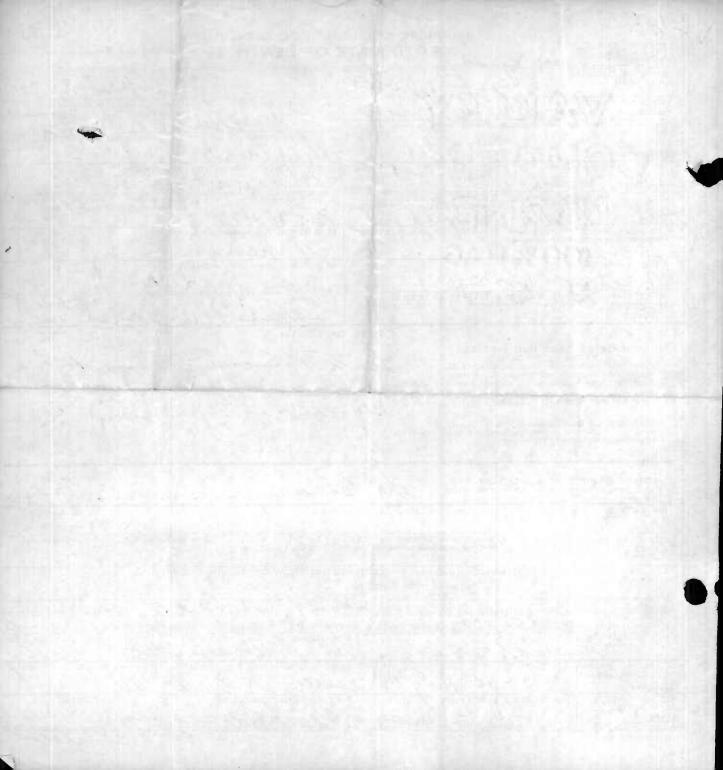
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Physicians:

46E

G. Howard Strong 3207 W. North Ave.,





15	3 2	BALTIMORE CITY HI	EALTH DEPARTMENT		OTOL			
T.		CERTIFICAT	E OF DEATH	Registered No.				
	IRTH NO.							
(7	NAME OF DECEASED	2== 1 1 ++	,	2. DATE				
	MAHNIC	ES WELLEY	19EL	DEATH HORI	3,1950			
	. PLACE OF DEATH: . Baltimore City, Maryland		A. USUAL RESIDENCE (V	Where deceased lived. If insti	itution : residence before admissio			
В.	FULL NAME OF (If not in hos	pital or institution, give street address or	11 4/	(Deloie admissio			
H	OSPITAL OR	location)		outside corporate limits, wi				
V	28 S. CAZ	therine St.	BALtino	DE 20-0	townshi			
		Yrs.		rural, give location)	1			
c.	Length of stay in Baltimore	40 YPS. Mos. Days	28 S. CAT 1	GERINE St.				
5	SEX 6. COLOR OR RAC	E 7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years If Under	1 Year II Under 24 Hou			
1	ENALE WILLE	WIDOWED, DIVORCED (Specify)	141 19 1019	last birthday) Months	Days Hours Min			
10	A. USUAL OCCUPATION (Giveking	dof 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country) 13	CITIZEN OF			
WOF	k done during most of working life, even if retire	ed) INDUSTRY	n. tai	12.	WHAT COUNTR			
13	HOUSEWIFE B. FATHER'S NAME	HOME	AUSIRII	+ 10	· S. H.			
	1 - 1	//	14. MOTHER'S MAIDEN NA	AME				
-	VOSEPH F	TYMMER	Unku	NWOI				
(Ye	. WAS DECEASED EVER IN U. S. ARM e, no or unknown) (If yes, give war or d	MED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDR	ESS			
	NO NONE	None	FRANCES M. WETT	ENGEL 285.CA	theoine C			
	18. 422. 1		OF DEATH		INTERVAL BETWEE			
	DISEASE OR CONDITION				ONSET AND DEAT			
	(This does not mean the mode of dying, e.g., (A) Chronic Mynaulty and year							
	heart failure, asthenia, etc. It m	neans the disease.		7	1			
	injury or complication which	caused death.) DUE TO	worderstik in de	Lector 1				
_	ANTECEDENT CA	USES	white of	700				
ō	DISEASES OR CONDITIONS	E IF ANY GIVING	everely and	eurus	gens			
E	RISE TO THE ABOVE CAUSE (UNDERLYING CONDITION	A) STATING THE DUE TO		C1000 = 0 1/1/101				
Ü	CHIZZHZI MG GGHBI HON	Engl.						
프		_(C)			1			
F	OTHER SIGNIFICANT CON	IDITIONS CON-	0 = 24 20 +					
H	TRIBUTING TO THE DEATH, BU TO THE DISEASE OR CONDITI	ON CAUSING IT	lclas Mellita	N	5 years			
1	19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?			
Y					YES NO			
OIC	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	n or 21c. WHERE DID (I etc.) INJURY OCCUR?	f in Baltlmore City, give	exact location)			
MEDI	Homicibe (specify)	about nome, farm, factor y, astreet, onice blog, , e	INJURY OCCURY					
2	21D. TIME (Month) (Day) (Yes	ar) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?				
	OF INJURY	WHILE AT NOT WHILE						
		m. WORK AT WORK		.03				
22. I hereby certify that I attended the deceased from May 7, 1947, to Quif 3, 1950, that I last saw								
	deceased alive on MAN. 31, 1950, and that death occurred at 10:15 Am., from the causes and on the date stated about							
	23A. SIGNATURE	Bas la	38. ADDRESS	A 17 23	C. DATE SIGNE			
	metern M.	M. D.	2030 W. tay	181	7/7/30			
TIC	AA. BURIAL, CREMA 24B. DATE ON, REMOVAL (Specify)	1 0 11	,	OCATION (City, town, or co	1			
-	BURIAL APRIL	5,1950 NEW CATHE	DRAL BAI	Ltimore F. 1	YARYLAND			
					DEFEC			

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VITH UNFADING INK. Every item of information should be careful tant. Physicians: please write the causes of death clearly and legibly.

correct age is especially im

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GEORGE L. Schwab 2101 Frederick AUE.

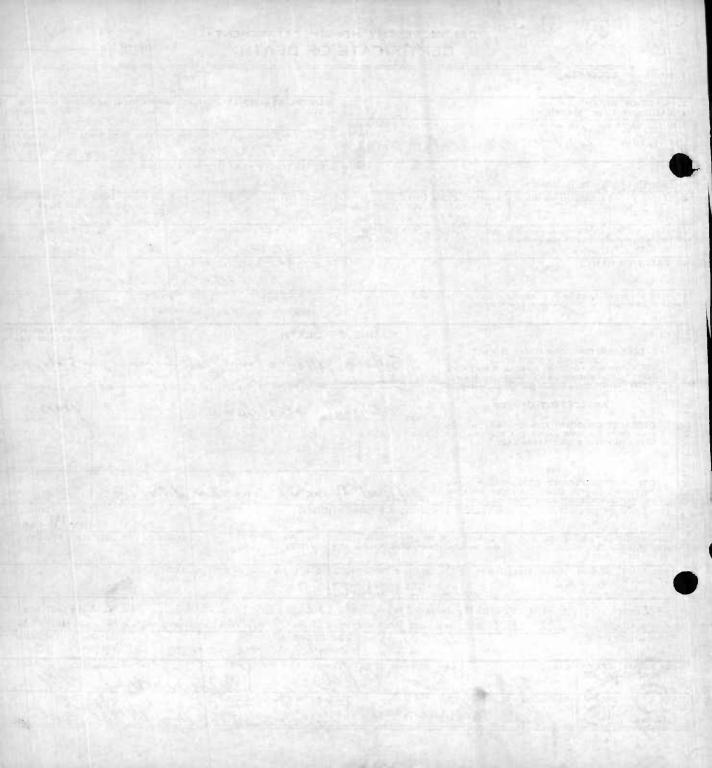
0 - 3158BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE ENEDIC OF SANZHORN DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION GIMORE C D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore ECK Davs of information should be uses of death clearly and l 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 9. AGE (In years | H Under 1 Year | H Under 24 Hours last birthday) | Months Days | Hours Min. MARRIE 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 12. CITIZEN OF work deng during most of working life, even if retired)

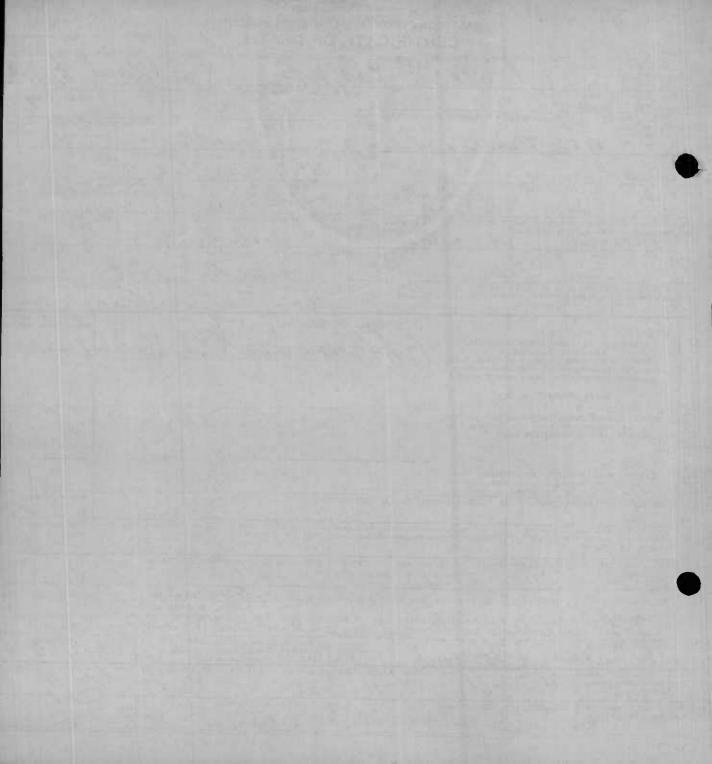
ARGENER INDUSTRY GARd 13. FATHER'S NAME GANZ ORN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) SECURITY NO. 308 S. FRANKLIN TOWN W NONE No NONE Every item INTERVAL BETWEEN 18. CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Coronary Throm bosis LEADING TO DEATH day (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT, SUICIDE, 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or HOMICIDE (Specify) INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) 21D, TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY 22. I hereby certify that I attended the deceased from March 27, 1900, to and 4, 19 va, that I last saw the PLEASE WRITE correct age is esp deceased alive on and 2, 1950, and that death occurred at 7:10 A.m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c, DATE SIGNED 310/10 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY NEW CATHEDRA BURIAL DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LAGAR BEGISTES VS 150

PARKS

50 3159

BI	DTU NO		BAI	CERTIFICATI		Registered No)
1.	NAME OF Daype or Print)	DECEASED EVE	ZYN G.	ENEVA PARK	5	2. DATE OF 4-4	-50
	PLACE OF D Baltimore	DEATH: City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived, If in B. COUNTY	before admission)
HC	FULL NAME DSPITAL OR STITUTION	OF (If not in hospit		ion, give street address or location)	c. CITY OR TOWN (II	outside corporate limits,	write RURAL and give township
7	Length of	stay in Baltimore	YEARS	Yrs. Mos.	D. STREET ADDRESS (If		
5.	SEX FEMALE	6. COLOR OR RACE	WIDOW	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH 5- 9- /920	9. AGE (In years) HU	nder 1 Year Under 24 Hours ths Days Hours Min.
		CCUPATION (Give kind of of working life, even if retired)		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f		2. CITIZEN OF WHAT COUNTRY
13	FATHER'S	CLAD FELT	ER		14. MOTHER'S MAIDEN N	AME GICL	
15 (Yes	. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ĄD	DRESS 572/ YORK
CATION	(This doc heart fail injury of DISEASE RISE TO	ESE OR CONDITION LEADING TO DEA' se not mean the mode of ure, asthenia, etc. It mea complication which ANTECEDENT CAUS ES OR CONDITIONS, I THE ABOVE CAUSE (A)	TH of dying, e. ons the disease caused deatl SES F ANY, GIVII STATING T	g., (A) Subacut sec, h.) DUE TO Chra	e yellow a trophy	of Liver	5 days years
CERTIF	TRIBUTIN TO THE	SIGNIFICANT CONDIGE TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION	NOT RELAT	N. ED Bilater	ly postatic congest	in of the lungs	20. AUTOPSY?
EDICA	21A. ACCID HOMICIDE	ENT, SUICIDE, (Specify)	21B. PL.	ACE OF INJURY (e.g., i farm, factory, street, office bldg., c		If in Baltimore City, gi	YES NO L
Σ	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR WHILE AT WORK NOT WHILE AT WORK		Y OCCUR?	
D	deceased of 23A. SIGNA BURIAL, REMOVAL OF THE RECEIVE	TURE APRIL 4 EREMA- 24B DATE Specify) TREGISTRAR	1950, sen Sh	and that death occur form be M.D. 2 24c. MAME OF CEMETE May M	rred at 5:20 m., from to 23B. ADDRESS UNION METERIAL HE PARTY (24D.)	the causes and on the	23c. DATE SIGNED
A	PR 5 - 1	50 remit	vator	Vellyania, me a	/helhom for	And 12/1	Want ST





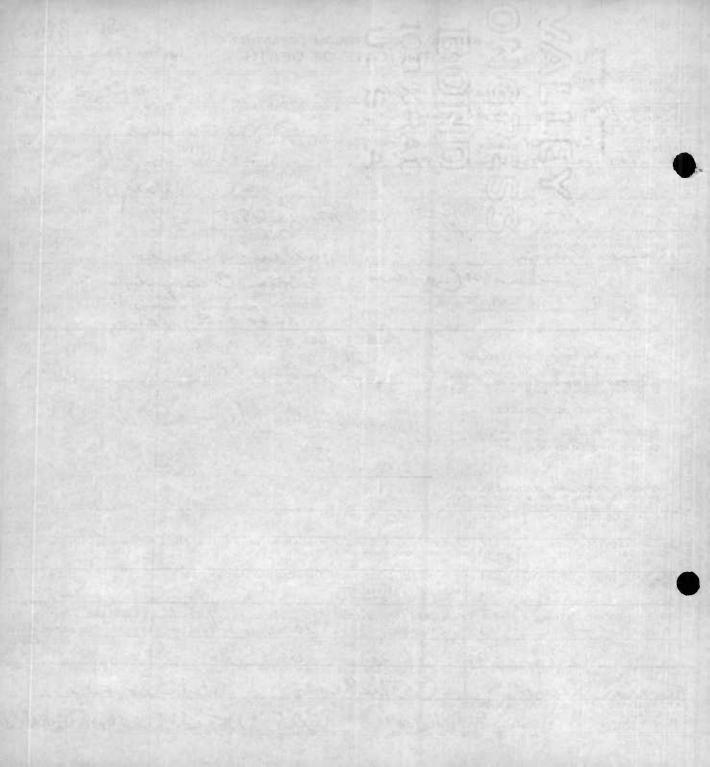
3161 CERIII BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) 177-2- 1- Inwood DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Baltimore B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OF TOWN INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stav in Baltimore Days If Under 1 Year 6. COLOR OR RACE | 7. SINGLE, MARRIED 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Sinole 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY USA 955EMbler 13. FATHER'S NAME Mc Adams 15. WAD DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no o Gknown) (If yes, give war or dates of service) SECURITY NO. atien ONKnown INTERVAL BETWEEN 18. CAUSE OF DEATH 604 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY Bladder calculi Vesical 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT, SUICIDE. (If in Baltimore City, give exact location) (Specify) about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT NOT WHILE! 19__ to 4 - 4 - 10, 19__, that I last saw the 4-2-50 22. I hereby certify that I attended the deceased from. deceased alive on 4-4-10, 19 and that death occurred at 310 pm., from the causes and on the date stated above. 23A SIGNATURE 23c. DATE SIGNED memorral J 24D. LOCATION (City, town, or county) FION_REMOVAL (Specif ound Emova DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

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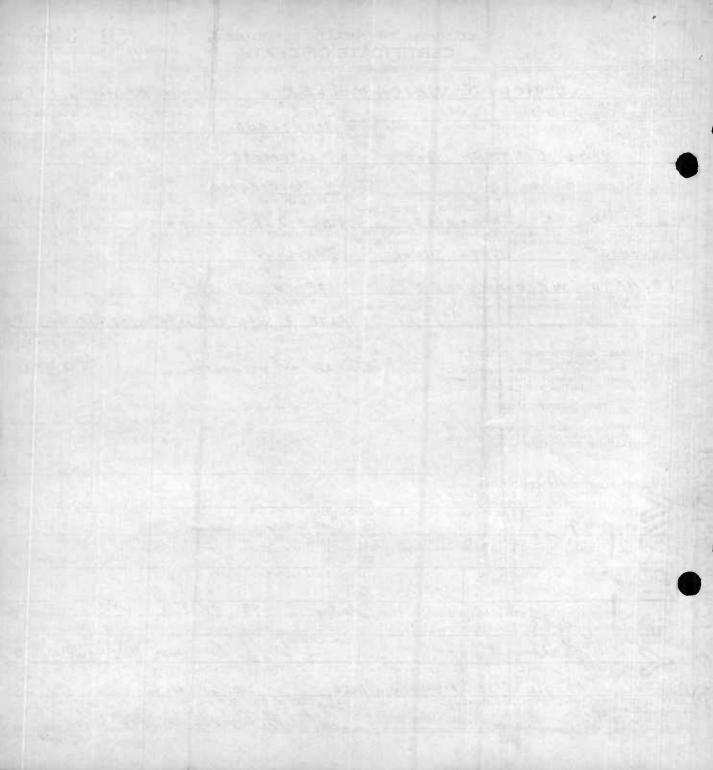
BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

BI	RTH NO.	00 O.T.	UNU				
1. (T:	NAME OF D ype or Print)	ECEASED	Mary	umphy		OF April	3,1950
	PLACE OF D	EATH: City, Maryland	Ble	Simont.	4. USUAL RESIDENCE (W	Where deceased I wed. If in B. COUNTY	stitution: residence before admission)
В.	FULL NAME		-	ion, give street address or	man	uland	
	SPITAL OR STITUTION	Sille or	nelus)	7 he Violocation)	c, CITY OR TOWN (If	outside corporate limits,	write RURAL and give
	Na	me	- The	aged	1 Sal	June 2	-0-0
		0	,	Yrs. Mos.	D. STREET ADDRESS (If	filral give location)	
c.	Length of s	tay in Baltimore		Days	12001500		Y .
5.	SEX	6. COLOR OR RAC	E 7. SINGL	E, MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years \ If the last birthday) Mont	hs: Days Hours: Min.
		w.		W	Nor. 12, 1868	81	
10	A. USUAL OC	CUPATION (Give kin of working life, even if retir	dof 10B. KINI	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country) 1	2. CITIZEN OF WHAT COUNTRY?
		· Nurse		Moosiki	Oselfact In	uland	min occition
13	. FATHER'S	NAME O O	111	1 . 11.	14. MOTHER'S MAIDEN N	AME	
		· for	u vi	Gadden	Ellen O	Boyles	
15	. WAS DECEASE	D EVER IN U. S. AR	MED FORCES?	16. SOCIAL	17. INFORMANT Singer	Janahun ADI	DRESS
(Yes	, no or unknown)	(Myses, give war or o	lates of service)	SECURITY NO.	1200 Va		
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	injury or	complication which	h caused deat	h.) DUE TO	1	1/	=//
		ANTECEDENT CA	USES	(1)	11 MILL 21111	or andile	1 3 km
O	DISEASE	S OR CONDITION	S. IF ANY. GIVI	(B)	1109	V. Comment	
E	RISE TO T	THE ABOVE CAUSE	(A) STATING T	HE DUE TO		. ,	
Ö				()	Torio de	2601011	10 410
4		п		_ (C) (A	valuo - Q	Illoway.	10 700
8		SIGNIFICANT COL					
CE		G TO THE DEATH, B DISEASE OR CONDIT					
L	19A. DATE C	OF OPERATION O	19B. MAJOF	FINDINGS OF OPER	RATION		20. AUTOPSY?
CA	214 40015	ENT SUICIDE	1 21 51	ACE OF INJURY (e.g., i	n or 21c. WHERE DID (If in Baltimore City, given	YES NO L
ā	HOMICIDE	ENT. SUICIDE. (Specify)		farm, factory, street, office bldg.,		as on Darenmore Orty, Er	
4.		(N - 1) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \) (17	CAT IN HIS OCCUPA	ED 21F. HOW DID INJUR	V OCCUP?	
	OF INJURY	(Month) (Day) (Ye	ar) (Hour)	21E. INJURY OCCURR		1 Occorr	
			m.	WHILE AT NOT WHILE AT WORK			
	22. I hereb	y certify that I	attended the	deceased from 7	elo 20 , 1950, to 0	yul 3 , 1950,	that I last saw the
	deceased a	live on april	3,1950.	and that death occur	rred at 10:10 P.m., from t	he causes and on the	
	23A. SIGNA	TURE 0			238. ADDRESS	contt. Mano	23C. DATE SIGNED
		Coc	use Ha	le of M.D.	1621611	our one	Mus 4 30
710 TIC	AA. BURIAL, ON REMOVAL (S	CREMA- 248. DAT	E	24C. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City) town, o	r cyunty) (State)
1	Buria	e lun	27	Calles	rus 1	Sallens	س ب
CHI.	ATE RECEIVE		AR'S SIGNAT	URE	25. FUNERAL DIRECTOR		ADDRESS '
17	NO - 195	00 . The	theaton	Williams, M	Kula UT	udelelda	106 Bulkle S
	VC 150		- 4 -		34		A

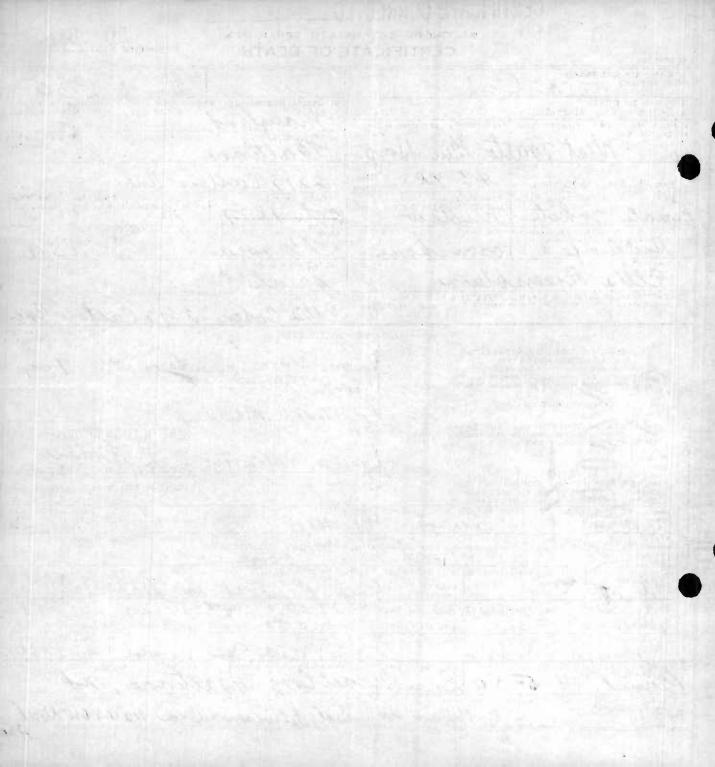


3163 BALTIMORE CITY HEALTH DEPARTMENT 3163 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE J. WEICH MULLER ULRICH DEATH APRIL 3.1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or MARYLAND. HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION EIERMAN BALTI MORE Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore EIERMAN Days 4156 AYE 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years It Under 1 Year If Under 24 Hours last birthday) Months; Days Hours Min. If Under 24 Hours WIDOWED, DIVORCED (Specify) WHITE MALE MAR 23 1884 MARRIED 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY? MACHINIST BETH STEEL GERMANY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LEONARD SOPHIA TRUMERT WEICHMULLER 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or npknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) SECURITY NO. 215-07-4193LINA R. WEICH MULLER-4156 EIERMAN AVE 18. NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., 10 mm heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (0) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? aug 1949. Carcin EDICAI 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE AT WORK WORK especia 22. I hereby certify that I attended the deceased from July _, that I last saw the 19 50 and that death occurred at deceased alive on m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATOR) 24D. LOCATION (City, town, or county) 150 BURIAL MEADOWRIDGE WASH. BLVD. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR APR 5 - 1950 VS 150



Was this at time of death, a crose of active rheunalis force force ? Telmonory Interiors accounts theart disease Some the stand on this of Letter in document file 50-3164-5/10/50.

	pan !	50		CER	TIFICA	TE CORRECT	ED 5-31-50		
			50	3165			HEALTH DEPARTMENT	50	3165
	ВІ	RTH NO.				CERTIFICAT	TE OF DEATH	Registered No	
	1. (T	NAME OF ype or Print)	DECEASED	ac	Pohe	N		2. DATE OF DEATH 4-	5-50
	A.	Baltimore	City, Ma				4. USUAL RESIDENCE (V	Where deceased lived. If inst B. COUNTY	itution : residence before admission)
	H	FULL NAME DSPITAL OR ISTITUTION	OF (If	not in hospit	al or institut	ion, give street address location		outside corporate limits, w	rite BURAL and give
y.	111	+6	Nest	12a	to. 1	len. Hosp.	12 altina	e 13-0	2 township)
and legibl	C.	Length of	stay in B	altimore	45	YRS. Mos Day	3417 Call	ow line.	
	Z	male	20h	OR RACE	7. SINGLE	E, MARRIED, JED DIVORCED (Specification)	8. PATE OF BIRTH 1878	9. AGE (In years Hunde last birthday) Months	1 Year Hours Min.
clearly		A. USUAL O	CCUPATIO	N (Give kind of	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or for	preign country) 12.	CITIZEN OF WHAT COUNTRY?
		Haus FATHER'S	eurfe		own	home	/cussea		21.5.a.
death		Elli	s R	osen	blur	n	Sarah?	AME	
es of	15 (Ye	. WAS DECEAS	ED EVER IN	U.S.ARMEE	FORCES?	16. SOCIAL . SECURITY NO.	Ellis Colen	-2117 Cal	law ane.
causes		18. E 9	103.0			CAUSE	OF DEATH	0.077 6000	INTERVAL BETWEEN
the	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying a great product of the state of the s								
write t									7 days
	z		ANTECE	DENT CAUS	SES	THE RESERVE	included At	160.0	
please	ATIO	RISE TO	THE ABOVE	CAUSE (A)	STATING TH	NG		CERTIFICATION A	PPROVED BY
Physicians:	FIC					(5)	abetes MentiTu	5 095Fa	pher
/S1C1	RTI		OTHER SIGNIFICANT CONDITIONS CDN-					101 - 0 -0 -1000	nski, M.D.
Phy	CE	TO THE	DISEASE OF	DEATH, BUT	CAUSING I	т		CHIEF OR ASST, MED	
ıt.	AL	3-27-	of opera	TION /	9B. MAJOR	ture Pr	RATION		YES ND
important.	EDIC	21A ACCID			21B. PLA	ACE OF INJURY (e. g.	in or 21c. WHERE DID (I	f in Baltimore City, give	exact location)
mpd	ME	21D. TIME	(Month)	Dayl (Vear)	(Hone)	Cher 21E. INJURY OCCUR	RED 21F, HOW DID INJURY	A OCCUR?	13/2
N		OF INJURY			` '	WHILE AT NOT WHILE	0	IN Nome	ly slipped &
especia		22. I here	by certify	that I att	-		- 23-50, 19 , to47		hat I last survithe
esb		deeeased o	live on 7	1-5-50	., 19	and that death occ	urred at 3:45 pm., from t	he causes and on the d	late stated above.
13		2 A. SIGNA	TURE	111	rena!	5	238. ADDRESS	11 antal 2	A SERVED
age		AA BURIAL,	CREMA- 2 Specify:	49. DATE		24C. NAME OF CEMET	ERY DR CREMATORY 240. L	OCATION (City, town, or o	ounty) (State)
correct	1	auna	1	4-5-	301	Inai der	all long. 130	elleral, 1.	nd
COL	4	ATE RECEIVE	956	EGISTRAR	ston W	lliams, M.	Sol. Silinson	Bros 1124-2	- GW North Are
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21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

22. I hereby certify that I attended the deceased from March deceased alive on All 23A. SIGNATURE

24A. BURIAL. CREMA-TION REMOVAL (Specify)

24B. DATE /6/50

and that death occurred at 10

REGISTRAR'S SIGNATURE

24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) Lorraine Cem.

21E. INJURY OCCURRED

WORK

NOT WHILE!

AT WORK

257 FUNERAL DIRECTOR

21F. HOW DID INJURY OCCUR?

Woodlawn. Md.

ADDRESS

VS 150

DATE RECEIVED BY

LOCAL REGISTRAF

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m., from the causes and on the date stated above.

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1-120	0.1.00			MENT 50	3169
BIRTH NO.	3169	CERTIFICAT		MEITI O	
1. NAME OF DECEASE (Type or Print)		MORRIS DAVI	3	2. DATE OF DEATH APT.	2, 1950
B. FULL NAME OF (I		citution, give street address or	A. STATE	NCE (Where deceased lived. If B. COUNTY	institution: residence before admission
HOSPITAL OR INSTITUTION	3 Harford F	location)	Baltimore		s, write RURAL and giv township
c. Length of stay in I		Yrs. Mos. Days	1843 Harf	ord Road	
M W	WIC	GLE, MARRIED, OWED DIVORCED (Specify MATTIED	Jan 5, 187	last hinthday) Mc	f Under 1 Year If Under 24 House Onths Days Hours Min
10A. USUAL OCCUPATION work done during most of working line Proprietor 13. FATHER S NAME	fe, even if retired)	IND OF BUSINESS OR INDUSTRY CTIONERY ST.		Md.	12. CITIZEN OF WHAT COUNTRY USA
Amoss Davis			Mary Harri	s	
15. WAS DECEASED EVER (Yes, no or unknown) (If yes,	N U.S. ARMED FORCES give war or dates of service	16. SOCIAL SECURITY NO.	Mrs Ida E.	843 Harford Av Davis	enus
Injury or complica ANTECE Z O DISEASES OR CO. RISE TO THE ABOV UNDERLYING CO. UNDERLYING CO. OTHER SIGNIFIC	II ANT CONDITIONS	IVING (B) Arte (C)		ic Carleonseve Drieose	
TO THE DISEASE O	DEATH, BUT NOT REL R CONDITION CAUSIN ATION 198. MAJ	G IT.		Microsoft	20, AUTOPSY?
U 21A. ACCIDENT WA C LYING OR CONTR U CAUSE OF DEATH		PLACE OF INJURY (e. g., ome, farm, factory, street, office bldg.	in or 21c. WHERE D		YES NO Rive exact location)
21D. TIME (Month) OF INJURY		21E. INJURY OCCURR WHILE AT NOT WHILE NORK AT WORK		INJURY OCCUR?	
23A. SIGNATURE	wellm	He M.D.	331 E	from the causes and on the	43.5.
TION, REMOVAL (Specify)	4/5/5Ø	Lorraine Par		Baltimore, Md	
APR 5 1930	REGISTRAR'S SIGN	r Miliams, 11	HENRY SAND NORTH AVE	EROR& SONS, INC	ADDRESS
VS 150	18.	The state of the s	Seas	g. Jan	le 93)

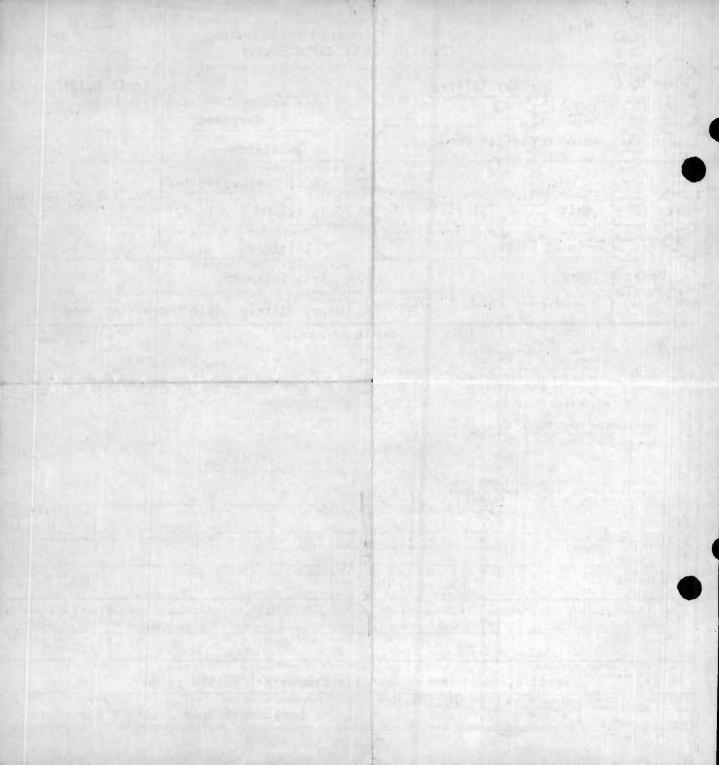
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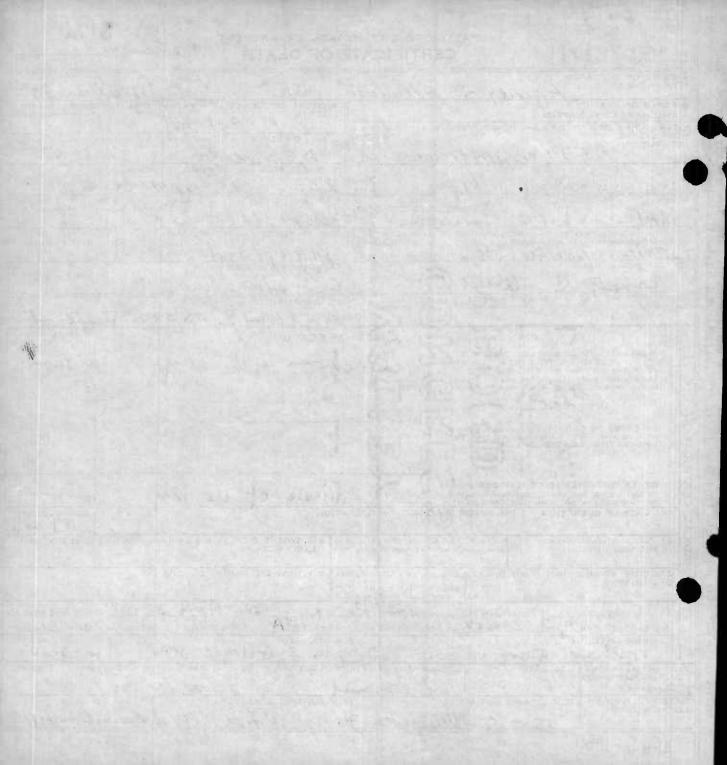
BALTIMORE CITY HEALTH DEPARTMENT Registered No ... CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE (Type or Print) Dorothy Kilberg DEATH April 5,1950 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give 4013 Dorchester Road INSTITUTION Baltimore D. STREET ADDRESS (If rural, give location) 4013 Dorchester Road c. Length of stay in Baltimore AGE (In years | || Under | Year | | H Under 24 Hours | last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH WEDNIED DIVORCED (Specify Female July 4,1908 IOA. USUAL OCCUPATION (Give kind of | IOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired)
Buyer Department Store INDUSTRY WHAT COUNTRY Baltimore Md 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry Kilberg Kate Polensky 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Harry Kilberg 4013 Dorchester Road INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 2 JE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT , 1947, to april 5 , 1957, that I last saw the 22. I hereby certify that I attended the deceased from m., from the causes and on the date stated above. deceased alive on Upul 4, 19 and that death occurred at_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) **BUTIS** 24c. NAME OF CEMETERY OR CREMATORY | 24c. LOCATION (City, town, or county) April 6,1950 Hebrew Rosedale Cemetery Baltimore Md REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY

LOCAL REGISTRAR

Sol Levinson & Bros

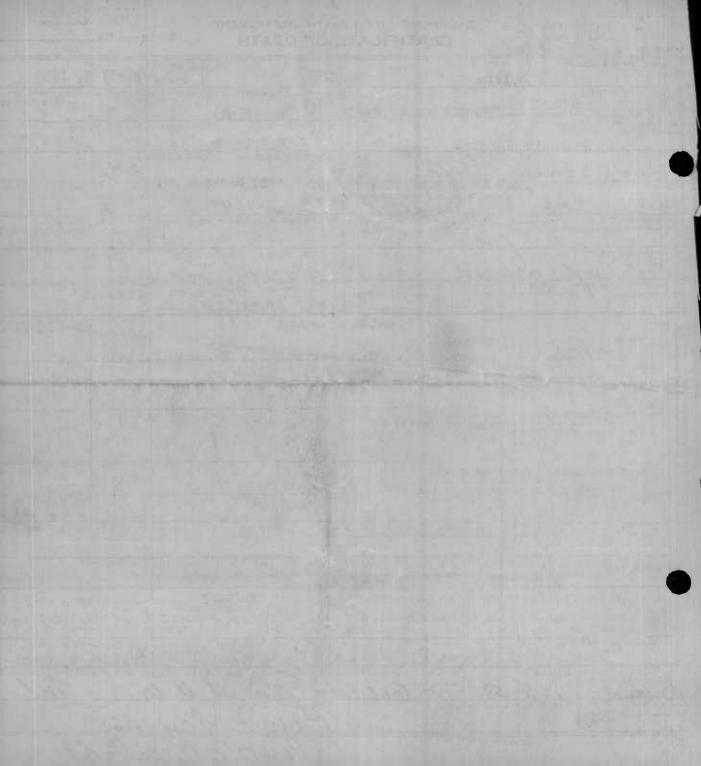
1126 W North Ave



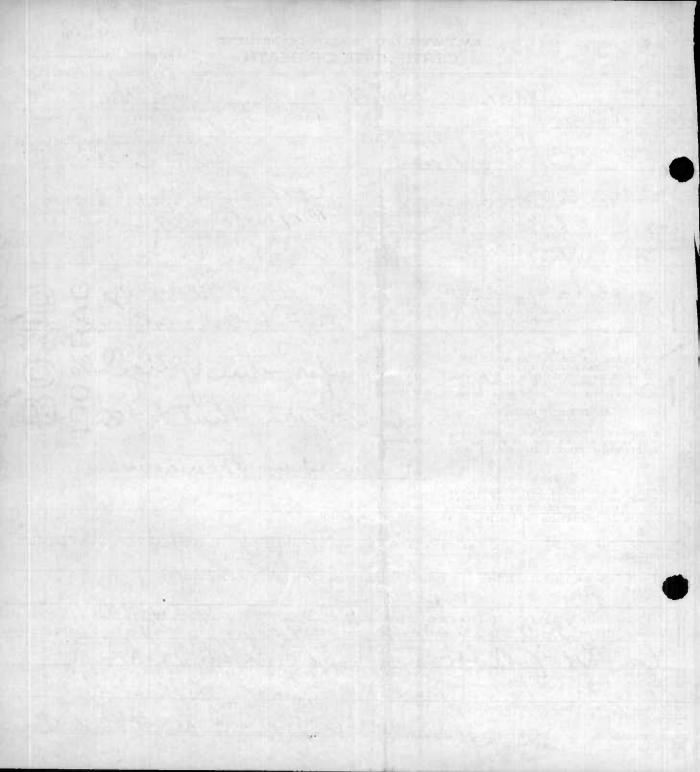


	EALTH DEPARTMENT 50 3172
BIRTH NO. 49 - 260 11	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) Melvin BEA	J DEATH 1
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
8. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	
St. Joseph's Hospital	Baltimore 9-07
Length of stay in Baltimore Left Mos. Days	ANG.
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOMED, DIVORCED (Specify)	8. DATE OF BIRTH HERFORD AGE (In years If Under I Year If Under 24 Hours Mills Last birthday) Months: Days Hours Mills M
mal con Single	12-3-1949 3
10A. MSUAL OCCUPATION Give kind of OB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Bland	Marion Green
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT MOREON GRADDRESS
1.0 1/5 /	OF DEATH INTERVAL SETWE
DISEASE OR CONDITION DIRECTLY	OF DEATH
(This does not mean the mode of dying, e.g., (A)	cho-pneumonia and Septicemia
heart failure asthenia etc. It means the disease	nella typhimurium
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
10	
OTHER SIGNIFICANT CONDITIONS CON-	
to the disease or condition causing it. Scurvy and	malnutrition
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
218. PLACE OF INJURY (e.g., if	or 21c. WHERE DID (If in Baltimore City, give exact location)
Z 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
MILE AT NOT WHILE AT NOT WHILE AT WORK	
22. I certify that I took charge of the remains described a	
	Autopsy, Inspection or Inquiry inquiry, find that said deceased died on the day stated about \square , accident \square , suicide \square , homicide \square , undetermined \square .
	238. CHIEF MEDICAL EXAMINER
TION REMOVAL (Specify) ABURLAN 4-5-50 WARE OF CEMETER COLUMN COLU	RY OR CREWOORY 24D. LOCATION (City, town, or county) (State
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FORERAL DIRECTOR ADDRESS
APR 5-1950 1 . T- WILLIAM MUNICIPAL	Cayner Janders 107
V\$ 151	1160 F Proston Cl

correct age is



BALTIMORE CITY HEALTH DEPARTMENT Registered No .__ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE L (Type or Print) OF aha DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) A. Baltimore City, Maryland A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or Hom & location) HOSPITAL OR HAVE C. CITY OR TOWN (If outside corporate limits, write RURAL and give Ilmh oing township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore MENE Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years If Under | Year last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) 20 FMU idowed 10A. USUAL OCCUPATION (Givokind of) 11. BIRTHPLACE (State or foreign country) IOB. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, wen if retired) INDUSTRY WHAT COUNTRY? Youse un An 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME iam 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yos, no.ar unknown) (If yos, glvo war or dates of service) 16. SOCIAL ADDRESS (You, no or unknown) SECURITY NO. NTERVAL BETWEEN 18.450.0 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ū TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION CA YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., In or 21c. WHERE DID 21A. ACCIDENT, SUICIDE, Ē about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE AT WORK 9 - 4, 19 S, ahat I last saw the 195 040 22. I hereby certify that I attended the deceased from_ 19.5 Qand that death occurred at Inf. From the causes and on the date stated above. deceased alive on_ 23B ADDRESS 23c. DATE SIGNED 23A SIGNATURE 24A. BURIAL, CREMA 24D. LOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATOR 24B. DATE TION REMOVAL (Specify) Burying Ir Jamike gmova 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

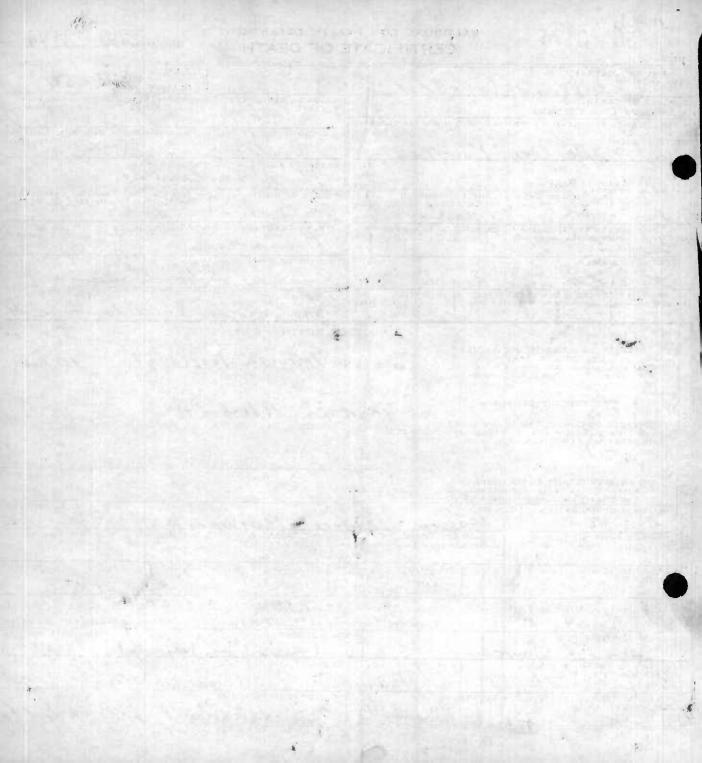


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BALTIMORE CITY HEALTH DEPARTMENT CFRTIFICATE OF DEATH

egistered 50 3174

BIRTH NO.	CERTIFICATE	E OF DEATH	Registered No	
1. NAME OF DECEASED	EGORDON		DEATH /	3-50
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W)	nere deceased lived. If in B. COUNTY	stitution: residence before admission)
HOSPITAL OR INSTITUTION	al or institution, give street address or location)	c. CITY OR TOWN (If a	outside corporate limits,	write HURAL and give township)
West BALLO. GEN	Yrs. Mos.	01 -1 7	ural give location bard SI.	
c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE	7, SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE (In years) It U	nder 1 Year If Under 24 Hours
7 white	MIDOWED, DIVORCED (Specify)	Oct 22, 1895	54	ths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, exemifretired)		11. BIRTHPLACE (State or for	eign country) 1	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME LANGE LANGE	e land	14. MOTHER'S MAIDEN NA	Buchm	an
15. WAS DECEASED EVER IN U. S. ARMEI (Yes, no or unknown) (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	861W L	press
11B. 25/X		OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode of heart failure, asthenia, etc. It mes injury or complication which	DIRECTLY TH of dying, e.g., ans the disease,	eo Vasc-Lar A	ocident	10 km
ANTECEDENT CAUS O DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	IF ANY, GIVING	eoid Adenom	n 19 ·	
T OTHER SIGNIFICANT COND	ITIONS CON-			
TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	N CAUSING IT.		***************************************	20, AUTOPSY?
4-3-50	198. MAJOR FINDINGS OF OPER		and All .	YES NO X
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,	n or 21c. WHERE DID (I	in Baltimore City, gi	ve exact location)
2 1D. TIME (Month) (Day) (Year FINJURY) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK		OCCUR?	
22. I hereby certify that I at	tended the deceased from	3-21-5019 , to 4	-3-50,19	that I last saw the
deceased alive on 4-3-50	_, 19 and that death occu	rred at 4:25 PM, from th	re causes and on th	e date stated above.
23A. SIGNATURE	1	Ded Rulte. Hen.	I den in Tal	23c. DATE SIGNED
24A. BURIAL, CREMA- TION REMOVAL (Specify)	24C. NAME OF CEMETE	ERY OR CREMATORY 240 LO	OCATION (City town,	
I rengal	S SIGNATURE	25. FUNERAL DIRECTOR	0-14/	ADDRESS
APR 5 - 1950	to for Milione, Ma	Muldred . on	gul, 600;	a varjora no



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

X 50 3175 Registered No.

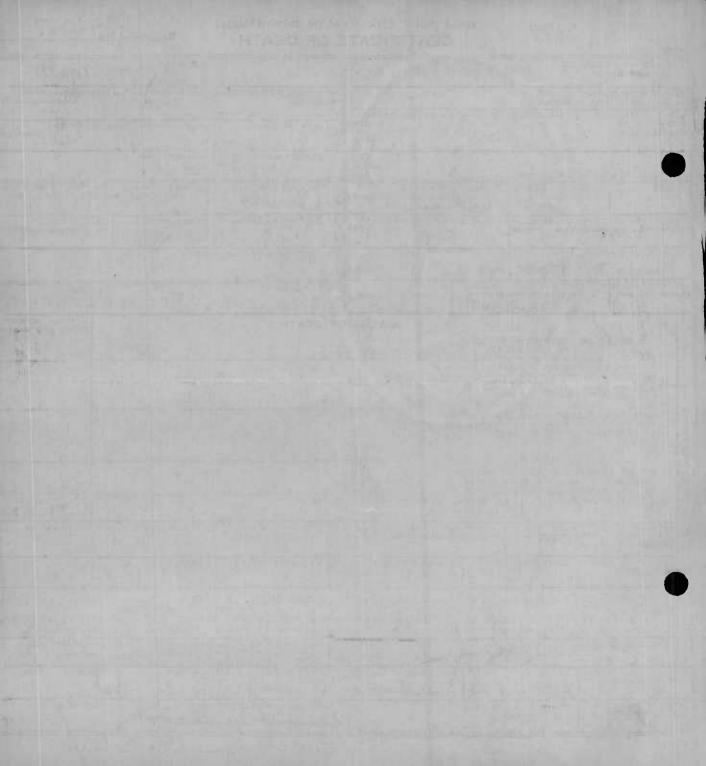
B	RTH NO.			CERTIFICATI	OF DEATH	and Magastered .	
. l (T)	NAME OF D	ecease WILLIAM	JAMES .	ADAMS		OF DEATH Apr	11 5, 1950
	PLACE OF D	City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived, It	f institution: residence before admission)
В.	FULL NAME	OF (If not in hospit		on, give street address or	Md.	Lamela	vil
	OSPITAL OR	US Marine	Hospita:	l location)		,	ts, write RURAL and give township)
	Wyman Pk. Drive & 31st St.				Crisfie		132
C.	Length of s	tay in Baltimore	?	Yrs. Mos. Days	D. STREET ADDRESS (IF 306 N. F.		
	M	6. COLOR OR RACE	WIDOW	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) M	If Under 1 Year onths Dnys Hours Min.
Wor!	k dooe during most	CUPATION (Give kind of of working life, even if retired) man (Captain)		of Business or INDUSTRY	II. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF
13	FATHER'S			300120101	14. MOTHER'S MAIDEN N	AME	
	Will	iam James Ad	ams		Julia ?		
(Ye	o. WAS DECEAS o, no or unknowo) In known	ED EVER IN U. S. ARME (If yes, give war or date	FORCES? s of service)	16, SOCIAL SECURITY NO.	17. INFORMANT Records- US Ma	rine Hospita	ADDRESS 11, Balto, Md.
	18. 3 3	3 X		CAUSE	OF DEATH		INTERVAL BETWEEN
	OISEA:	SE OR CONDITION LEADING TO DEA s not mean the mode are, asthenia, etc. It me	TH of dying, e. g ins the diseas	Gast	rointestinal hemo	rrhage of	1 wk.
	injury or	complication which	caused death	.) DUE TO	0200		
7		ANTECEDENT CAU	SES	Cere	bral vascular thr	ombosi s	5 wks.
ERTIFICATION	RISE TO T	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION L	STATING TH	IG (B)			0 47.54
분		П		(C)			
	TRIBUTIN	SIGNIFICANT COND G TO THE DEATH, BUT	NOT RELATE	D			
AL C	-	OF OPERATION		FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	21A. ACCIDI HOMICIDE	ENT. SUICIDE. (Specify)		CE OF INJURY (e. g., in arm, factory, atreet, office bldg., e		If in Baltimore City,	
Σ	21D. TIME F INJURY	(Month) (Day) (Year	1	21E. INJURY OCCURRI		Y OCCUR?	
	20 7 7	12 47 47 4	m.	WORK AT WORK	ar. 3 , 1950 , to	Ann. 5 10 5	0, that I last saw the
	deceased a	y certify that I at	enaea the	aeceasea from	red at 5:25A m., from t	the causes and on	the date stated above
	23A. SIGNA	TURE VO-KAA	* (0)	Model 2	38. ADDRESS		23c. DATE SIGNED
	1	. Wilson, Med	lical Di	rector M. D.	US Marine Hospit	al, Balto, Md	4/5/50
1	ON, REMOVAL (S	CREMA 248. DATE		24C. NAME OF CEMETE	RY OR CREMATORY 240	CATION (City, Lywr	or county) (State)
D	ATE RECEIVE		SSIGNATU	RE	25 FUNERAL DIRECTOR	BO	ADDRESS
D	D 5 - 125	nan nan	inton 1	Mianes M.B.	Durward	ELECOV-	ington
=	VS 150		0		Crispeld 71	tel,	0,
1					/		8313

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50 3176 BALTIMORE CITY HEALTH DEPARTMENT	50 3176 egistered No.
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) DAVENDORT Edwin Richard DEA	TH AOR. 3. 1960
3. PLACE OF DEATH: A. Baltimore City, Maryland / 606 PEANA. AUE. B. FULL NAME OF (If not in hospital or institution, give street address or 1066 PEANA. AUE.	COUNTY before admission)
HOSPITAL OR location) C. CITY OR TOWN (If outside continuation)	orporate limits, write RURAL and give
Yrs. D. STREET ADDRESS (If Jural, giv	e location)
c. Length of stay in Baltimore Life Mos. Days	(In year: H Under Year D Under 24 Hours
MALE C WIDOWED, DIVORCED (Specify) Oct. 17, 1902 4	birthday) Menths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country line)	intry) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	HMERICA
DAVENDORT LOUIS HENRY Lillie Smith	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. SECURITY NO.	1006 PENNA AVE
18. /42. / CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	TUN'S QMIOS
Z ANTECEDENT CAUSES (B) C NOCTA, TAS 15 TO 10	nas
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
IN TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Z 1A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Ball HOMICIDE (Specify) about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR?	timore City, give exact location)
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCU	R?
22 Thereby certify that I attended the deceased from 27, 195, to 3	, 195 Othat I last saw th
decayed alive on 4/2 190 and that delite a turned at 1 m. from the cause	ses and on the date stated above
BALTING MADISON ST	23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETARYORN REMATORY 24D. LOCATIO	N (City, town, or county) (State)
Burel 4-1-39 Mr. Cubin 1 30	ADDRESS A
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	438n. gelien
APR 5 - 1950 miliagion / milia	EEF
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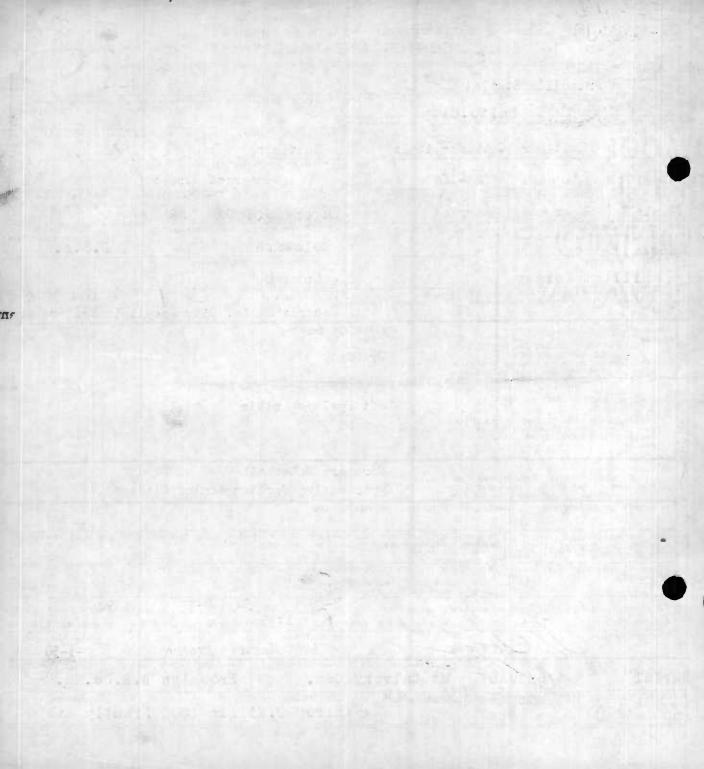
BI	<-250 RTH NO.	3177			EALTH DEPARTMENT	Registered	0 3177 No.
	NAME OF DECE	ASED R:	ichard (MONRUE Kasel	h	2. DATE Marc	h 17, 1950
B.	PLACE OF DEAT! Baltimore City, FULL NAME OF DSPITAL OR ISTITUTION	Maryland		on, give street address or location)		Where deceased lived, I B. COUNTY	its, write RURAL and give
0	ength of stay		prodr	Yrs. Mos. Days	Baltimore D. STREET ADDRESS (F		2-04
5.		OLOR OR RACE	WIDOW	MARRIED. ED. DIVORCED (Specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hours Inches Days Hours Min.
10 worl	A. USUAL OCCUP a done during mout of work	ATION (Give kind of king life, even if retired)	108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
	Fred - M	. Kasc	h		14. MOTHER'S MAIDEN N	IAME	
(Ye	WAS DECEASED EVEN TO OF UNKNOWN) (I	FR IN U.S. ARMED f yes give war or dates NORL	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT 2. S. VETERAN		AL OFFICE
	(This does not heart failure, as	DR CONDITION ADING TO DEAT mean the mode of sthemia, etc. It mea plication which of	rH of dying, e.g ns the disease	., (A) Epil	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
ERTIFICATION	DISEASES OR RISE TO THE A UNDERLYING OTHER SIGN TRIBUTING TO	CONDITIONS, IF BOVE CAUSE (A) CONDITION LA	F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	E FUE TO			
U	19A. DATE OF OR	PERATION I		FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDICAL	21a. EXTERNAL PRIMARY OR COUSE OF DEAT 210. TIME (Monor of INJURY)	ONTRIBUTING []	about home, for	CE OF INJURY (e.g., in transfectory, street, office bidg., e.g., in the street, office bidg.	INJURY OCCUR?	If in Baltimore City,	give exact location)
	the cvidence and death	ce obtained by in my opinion	ge of the a	remains described a psy, Inspection or I rom: natural causes	inquiry, find that said d □, accident □, suicide 238. CHIEF MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGAT	EXAMINER 2 2 EXAMINER 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	he day stated above undetermined []. 3c. date signed [arch 17, 1950]
TIC	A. BURIAL CREM ON, REMOVAL (Specif	APRIL.	5-50	Baltimore	Cational 240. L	13 alte M	nd -
LC	TE RECEIVED BY CAL REGISTRAR	REGISTRAR'S	SIGNATUR	K/II:	25. FUNERAL DIRECTOR LESworth Our	nacost	ADDRESS
VS	151		d		5118 Swy	m Oak	Que:



CERTIFICATE OF DEATH

Solution Services Services Solution Services Services Solution Services Ser

BIRTH NO.						
I. NAME OF DECEASED (Type or Print) Priscilla Staylei 2. DATE OF DEATH 4-3-	-50					
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto City B. FULL NAME OF (If not in hospital or institution, give street address or Md. 4. USUAL RESIDENCE (Where deceased lived. If a. STATE B. COUNTY						
HOSPITAL OR INSTITUTION Baltimore City Hospitals C. CITY OR TOWN (If outside corporate limits Baltimore)	s, write RURAL and give					
2. Length of stay in Baltimore Life Yrs. Mos. Days D. STREET ADDRESS (If rural, give location) 905 Summer set Street (2)	Somulat					
Female Negro 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) March 19, 1897 3 52 9. AGE (In years in last birthday) More 19, 1897 52	Under Year If Under 24 Hours Min.					
10A. USUAL OCCUPATION (Give kind of work done during most of work ion glife, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY					
William Dorsey 14. Mother's Maiden Name Unkown						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, po or unknown) (If yes, give war or dates of service) SECURITY NO. Records*Balto. City Hospitals	DDRESS 4940 Eastern Aver					
CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. COTONARY SCIETOSIS Hypertensive Cardiocascular Disease	ONSET AND DEATH					
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg., etc.) 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg., etc.) 19JURY OCCUR?	20. AUTOPSY?					
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21b. PLACE OF INJURY (e. g., in or INJURY OCCUR? (If in Baltimore City, give exact INJURY OCCUR?						
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK	OF INJURY MHILE AT NOT WHILE MORK AT WORK					
deceased alive on 19 50. and that death occurred at 1:45m. Afrom the causes and on the 23A. SIGNATURE 23B. ADDRESS M. D. 4940 Eastern Avenue	Othat I last saw the edate stated above. 23c. DATE SIGNED 4-3-50					
24a. Burial, CREMA- PION, REMOVAL (Specify) 4/6/1950 Mt Calvery Cem. 24b. Location (City, town, Burial Brooklyn A.A.	or county) (State)					
DATE RECEIVED BY LOCAL REGISTER SECONDIBETION 25. FUNERAL DIRECTOR Elroy 0. Wilson 1000 Brant	address tly Ave					



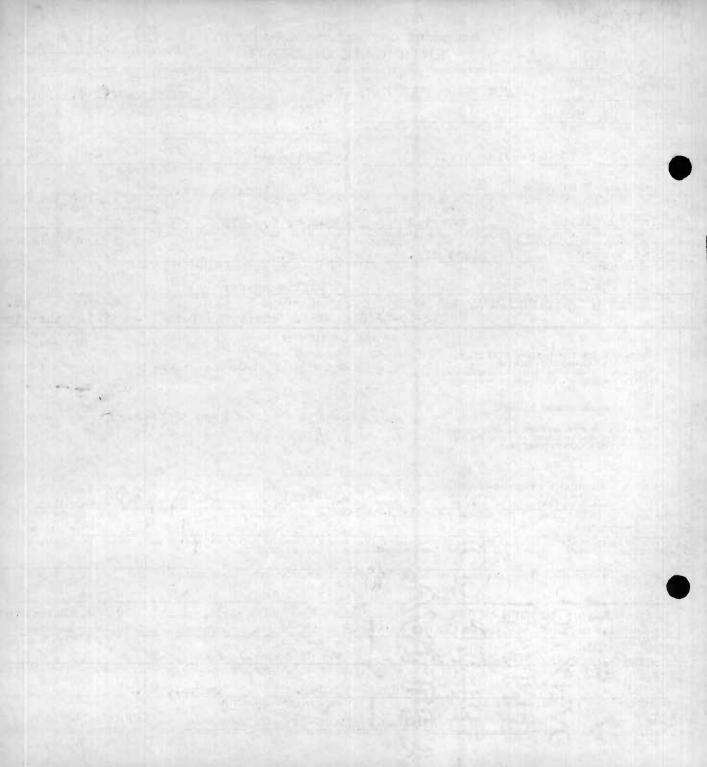
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BALTIMORE CITY HEALTH DEPARTMENT

50 3179

ВІ	RTH NO.	50 3179		CERTIFICATI	E OF DEATH	Registered	No
1. (T	NAME OF D ype or Print)		MER GRA	NT PHENICIE,	SR.	2. DATE OF DEATH A	oril 4. 1950
Α.		EATH: City, Maryland			4. USUAL RESIDENCE (
HO	FULL NAME SPITAL OR STITUTION	OF (If not in hospit	al or institut:	ion, give street address or location)		If outside corporate lin	nits, write RURAL and give
1	2816 Waterview Ave.				Baltimore	25	5-4- 2- township)
		tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (I		
5.	SEX	6. COLOR OR RACE	7. SINGLE WIDOW	. MARRIED, 'ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Il Under I Year If Under 24 Hours Months Days Hours Min.
10	male	white		arried OF BUSINESS OR	Sept. 6. 1873	76	
	done during most	of working life, even if retired)	IOB. KIND	INDUSTRY	II. BIRTHPLACE (State of	ioreign country)	12. CITIZEN OF WHAT COUNTRY
10	glass b.		glas	s mfg.	Penna.		
13					14. MOTHER'S MAIDEN	NAME	
	Samuel I				Dillia Ankner		
15 (Yes	. WAS DECEASI , no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS AV.
	no			212-10-8318	Mrs. Jennie Ph	nenicie -	2816 Watervie
	18. 1/2	2.1.		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.						4 days
CATION							10 g.s.
CERTIFICA	TRIBUTIN	II SIGNIFICANT COND. G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D /4 siles!	inclustic Ca	disconcular	Daice
				FINDINGS OF OPER	RATION		20, AUTOPSY?
EDICAL	21a. ACCIDI HOMICIDE	ENT. SUICIDE. (Specify)	218. PLA about home, f	ACE OF INJURY (e. g., i arm, factory, street, office bldg.,		(If in Baltimore City	, give exact location)
M	21D. TIME F INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK		RY OCCUR?	
			ended the	deceased from Do	red at 4 75 m., from	the annual and an	fe, that I last saw the
	234 SIGNA	thur 1/02	sher	oly. D M.D. 2	238. ADDRESS	for Blod - 3	23C. DATE SIGNED
2.4 TI	AA. BURIAL. ON, REMOVAL (S	CREMA- 24B. DATE Specify)	0	24c. NAME OF CEMETE	RY OR CREMATORY 4D.	LOCATION (City, tow	vn, or county) (State)
	Burial	4/7/50		Loudon Pa		Balto. Md.	
	APR 5		SSIGNATI	Williams M.	25 FUNERAL DIRECTOR	ener & So	ns- ballo Md



3-260 BALTIMORE CITY HEALTH DEPARTMENT 3180 Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased live, If institution residence B. COUNTY before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or B FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION TONKS BADALIN Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE | 7, SINGLE, MARRIED. 9. AGE (In years If Under 1 Year 5. SEX 8. DATE OF BIRTH last birthday) Months; Days Hours; Min. WIDOWED, DIVORGED (Specify) 11. BIRTHPLACE (State or foreign country) IOA. USUAL OCCUPATION (Givekinder) IOB. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Owner Candy Mfgr. Pa. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Beecher Ella M. Godfrev 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or nnknown) SECURITY NO. no JOHES HOPKING HOGE INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Cansiisme of union LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY home in past 6 mes. -Uneles signeoutslowy 21B. PLACE OF INJ RY (e. g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give exact location) 21A, ACCIDENT, SUICIDE. HOMICIDE (Specify) 21E. INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE WHILE AT AT WORK 1960 to 4-4 _. 1900, that I last saw the 22. I hereby certify that I attended the deceased from_ 1950, and that death occurred at 555 Pm., from the causes and on the date stated above. deceased alive on 23c. DATE SIGNED 238. ADDRESS 23A. SIGNATUR 24A. BURIAL CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATORY 24B, DATE Manchester. Pa. Removal 4/5/50 25/ FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150 156 X2

52

START TO RECORD DEATH

CERTIFICATE OF DEATH								
BIRTH NO.								
1. NAME OF DECEASED (Type or Print) Silas Benjamin Mills						2. DATE OF April	. 4, 1950	
3	PLACE OF DEATH: Baltimore City, Maryla	nd			4. USUAL RESIDENCE	(Where deceased lived, If i	nstitution : residence before admission)	
В.	B. FULL NAME OF (If not in hospital or institution, give street address or				Maryland			
	OSPITAL OR Anderson	n Co:	nvalesco	ent & Rest Hon		(If outside corporate limits	, write RURAL and give township)	
	3605 Hi	Lisda	ale Road		Baltimore o. STREET ADDRESS (If rural, give location) 1318 W. Lexington St.			
	Length of stay in Baltin	2000		Yrs. Mos.				
	SEX 6. COLOR OR		7. SINGLE	Days Days	8. DATE OF BIRTH		Under 1 Year H Under 24 Hours	
	Male White		Widowe		Oct. 14, 1860	last birthday) Mor	ths Days Hours Min.	
TOW	DA. USUAL OCCUPATION (Gi Edoneduring most of working life, even ptician & Jeweler,	if retired		OF BUSINESS OR INDUSTRY	SO O CITTI D' TION	Brunswick,	12. CITIZEN OF WHAT COUNTRY	
	FATHER'S NAME	Walli	THERET.			Canada 14. MOTHER'S MAIDEN NAME		
	John Mills				Sarah			
15 (Ye	S. WAS DECEASED EVER IN U.S., no or unknown) (If yes, give we	. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	AC	DRESS	
				SECORITY NO.	Mrs.George Gibs	son, 824 Whitmo	re Ave.	
	18. /77 X .	1,144		CAUSE	OF DEATH		INTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY					11 11	ONSE! AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO HENRYLY Metastania						376	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO Heart failure.							
	ANTECEDENT CAUSES							
NO	DISEASES OR CONDITIONS, IF ANY, GIVING							
RTIFICATION	RISE TO THE ABOVE CAU	SE (A)	STATING TH					
0								
<u> </u>	II.							
CER	OTHER SIGNIFICANT TRIBUTING TO THE DEAT TO THE DISEASE OR CO	H, BUT	NOT RELATE	0 Sengal	ged attenosel	Row		
	19A. DATE OF OPERATION	VO!	19в. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?	
CA	21a. ACCIDENT, SUICIDE		Lain Di	CE OF INDIES (21c WHERE DID	Alf in Poltimore City of	YES NO	
MEDICAL	HOMICIDE (Specify)						ive exact location)	
2	210. TIME (Month) (Day) OF INJURY	(Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	IRY OCCUR?		
) moon		m.	WHILE AT NOT WHILE				
22. I hereby certify that I attended the deceased from July , 19.39 to agril 4 , 195						that I last saw the		
	deceased alive on 4-4, 1950, and that death occurred at 10.124m., from 41					n the causes and on th	e dute stated above	
	23A. SIGNATURE	(1)	0.		23в. ADDRESS 1201 Poplar Grov		23c. DATE SIGNED	
2	4A. BURIAL. CREMA- 24B.	-	Maran	M. O.) 24C. NAME OF CEMETE		LOCATION (City, town,		
Ť	ON DEMOVAL (Specify)		, 1950	Loudon Park	Cemptery Ba	limore, Md.	, , , , , , , , , , , , , , , , , , , ,	
DL	ATE RECEIVED BY REGIS	STRAR	'S SIGNATU	IRE	28 UNERAL DIRECTO	1770	ADDRESS Liberty	
	APR 5-1050	-	is 4	Illiane and	Malles Lau	uoreau ?	hts Ave.	
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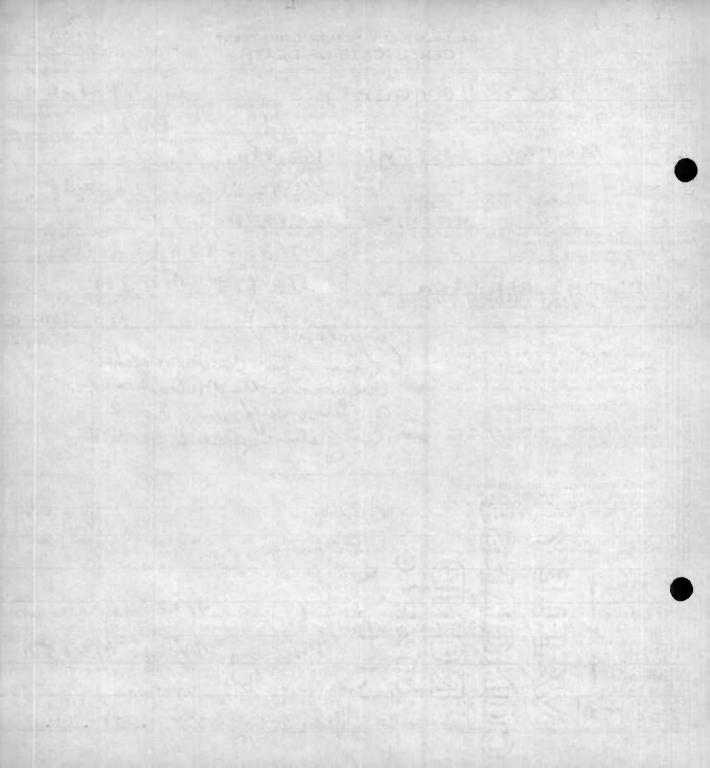
correct age is especially important. Physicians: please write the causes or dearn me rly and legibly.

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-263 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) Ha agenty OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Incation) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION ospita township) Yrs. D. STREET ADDRESS (If rural, give location) WOS. c. Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | | Under | Year | I Under 24 Hours last birthday) | Months; Days | Hours: Min. 8. DATE OF BIRTH Dec. 13, 1902 47 married 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY House wife 13. FATHER'S NAME mas 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. AS Aboup 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY to. Curchovascular LEADING TO DEATH (This does not mean the mode of dying, e.g., isease with mitral and heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES mouffermy and DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY EDICAL 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? Σ 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT 1130 1956 that I last saw the 19 500 22. I hereby certify that I attended the deceased from_ 1950 and that death occurred at 6 decoased alive on 4 Im., from the causes and on the date stated above. 234. 5 GNATURE 238. ADDRESS 23c, DATE SIGNED 24A. BURIAL, CREMA-2.D. LOCATION (City, town, or county) 24B, DATE CEMETERY OR CREMATORY Burial XXXXXNew Cathedrel DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAN 3000 E.Balto.

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3183 BALTIMORE CITY HEALTH DEPARTMEN Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) CHRISTINA DEATH WUNNER 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or MARYLAND location (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION MARYLAND GENERAL HOSP township) BALTIMORE D. STREET ADDRESS (If rural, give location) Yrs. Mos. Unknown c. Length of stay in Baltimore 1740 CARSWELL ST. Days 5. SEX 6. COLOR OR RACE 9. AGE (In years 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. JULY 24,1864 WHITE WIDDWED 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? GERMANY HOUSEWIFE Home U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME KRISTIAN ROSA HAYER KLASSER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. EDWIN HOLDEN 17 40 CARSWELL ST None INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY 3 DAYS LEADING TO DEATH CEREBRAL VASCULAR THROMBOSIS (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CEREBRAL ARTERIOSCLEROSIS 10 YRS DISEASES OR CONDITIONS, IF ANY, GIVING CERTIFICATION APPROVED BY RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Dr. Kammer 11 CHIEF OR ASST. MEDICAL EXAMINER. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED RT. FRACTURE OF TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION FRACT. OF RT. FEMUR NO X 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? 21A. ACCIDENT, SUICIDE, (If in Baltimore City, give exact location) HOMICIDE (Specify) HOME 21D. TIME (Month) (Day) (Year) (Hour) CARSWELL ST 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE FELL DOWN BACK STEPS 2 . 21 . 50 10Pm. WORK ____, 19 50, and that death occurred at 10 20 m., from the 195 Q that I last saw the 22. I hereby certify that I attended the deceased from 1 deceased alive on 4 Am., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A, BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 1/6/1950 Birial Clenn Haven Anne Arundel County DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR Lilly & Zeiler Inc. 403 S. Wolfe St. Balto.

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BURIAL.

DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE
LOCAL REGISTRAR

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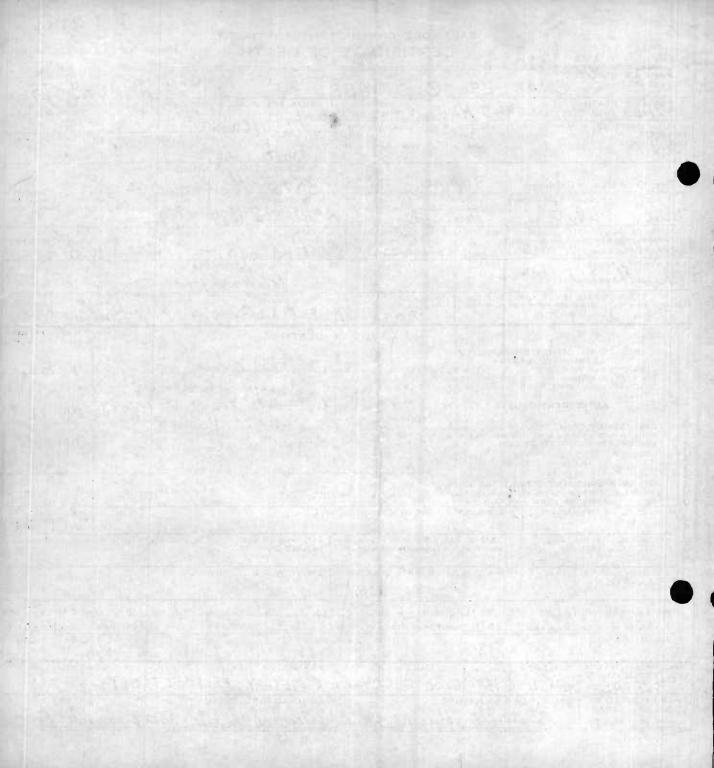
Local Registrar

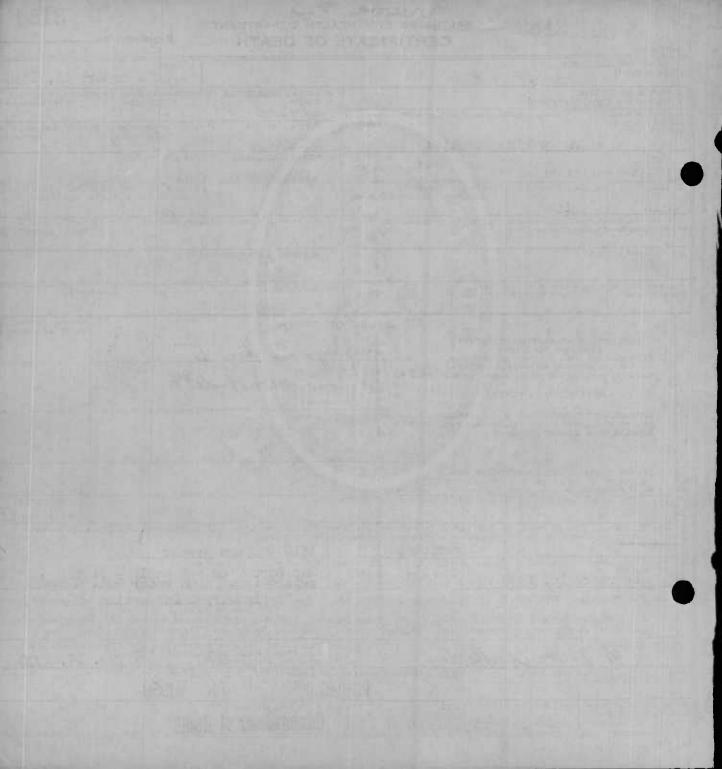
Charles & Schwab. 3512 Frederick, A

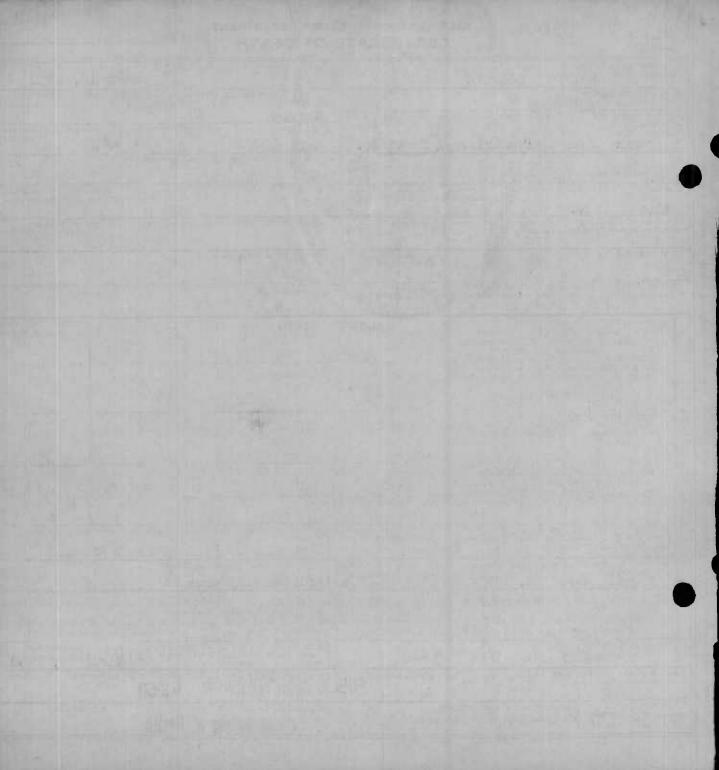
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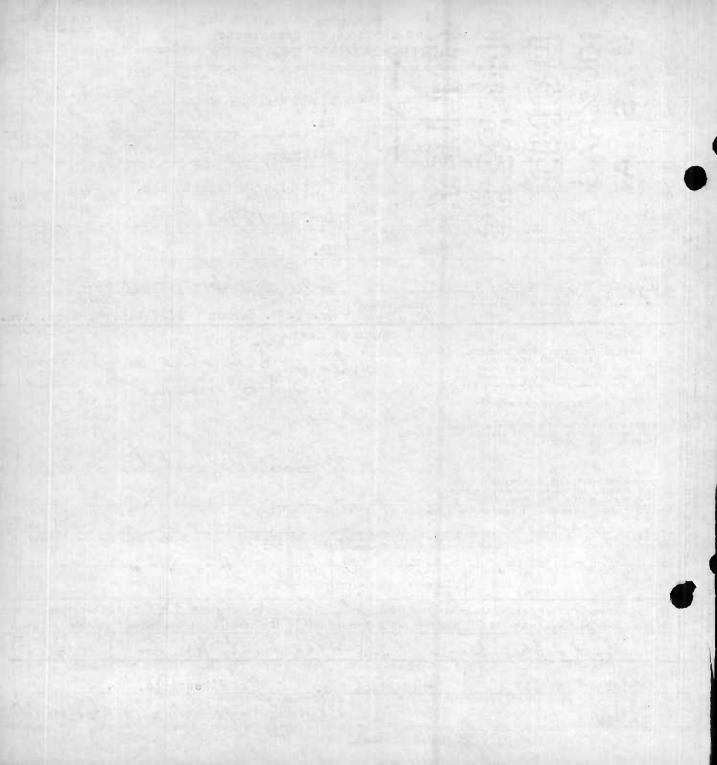
PIL- 6-1950 GOOD-SHEPHERD-CEMETERY. ELLICOTT-CITY---







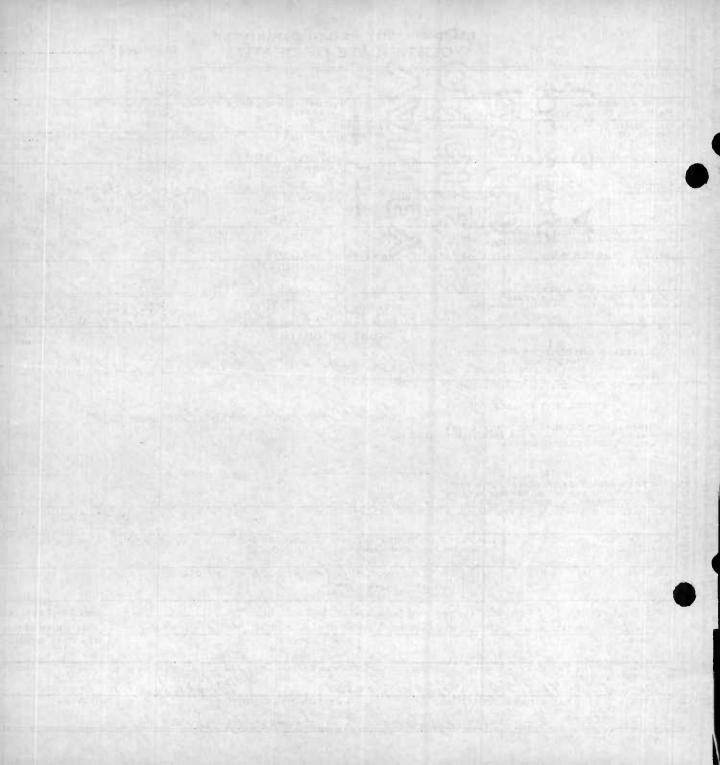
BALTIMORE CITY HEALTH DEPARTMENT Registered No. 3187 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) RRD ATUES OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived/If institution : residence A Baltimore City, Maryland B. COUNTY A. STATE before admission) (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore D. STREET ADDRESS (If rural, give location) Mos. 3120 Gwynns Falls Parkway Length of stay in Baltimore Days 8. DATE OF BIRTH 9. AGE (In years) 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Feb. 21, 1897 male whi te married 53 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Baltimore. Md. S. U. Accountant Lansburg Garber Co. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME James I. Carroll Minnie M. Carroll 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yee, no or unknown) SECURITY NO J. Earl Carroll - 3612 Gwynn Oak Ave. causes INTERVAL BETWEEN CAUSE OF DEATH 20 ONSET AND DEATH ionary Vascular Distan DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION important, 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) ā 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT especially WORK 22. I certify that I took charge of the remains described above, held an hope the W thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased glicd on the day stated above, and death in my opinion resulted from: natural causes \(\sqrt{\opin}\), accident \(\sqrt{\opin}\), suicide \(\sqrt{\opin}\), homicide \(\sqrt{\opin}\), undetermined \(\sqrt{\opin}\). 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER age ILL (les MEDICAL INVESTIGATOR .. 24A. BURIAL. CREMA 24C. NAME OF CEMETERY OR CREMATORY | . 24D. LOCATION (City, town, or county) 24B, DATE 4 - 5 - 50burial Druid Ridge Pikesville, Md. ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR John O. Mitchell & Sons Inc .- 1900 Eutaw Pl. VS 151



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and the allegation of which

CUWER 3190 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) Ferdinand H. Reu Wer OF 150 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland Salinove B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or more HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) South Baltimore Genera Kurnie D. STREET ADDRESS (If rural, give location) Yrs. Mos c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. Married 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHRLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Salesman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME headore Keuwer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or nnknown) SECURITY NO -01-5950 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about bome, farm.factory.street. office bldg.,etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! AT WORK 3/28/50 . 19___ to 415 \50 22. I hereby certify that I attended the deceased from_ , 19 that I last saw the deceased alive on 41550 19____, and that death occurred at 6:45 Am., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 1212 24A. BURIAL/ CREMA-24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR PR 6 - 1950 VS 150



JE	500	1-	OR AFPROUM	c By MED	- EXHM-	
ВІ	50 3191 IRTH NO. 49-08074	BALTIMORE CITY HE CERTIFICAT		Registered N	3191	
(T	NAME OF DECEASED 'ype or Print) CLAARENCE C.	SWAIN F. II		2. DATE OF DEATH ADR	16 3, 1950	
A. B.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospit	BALTIMORE. al or institution, give street address or	4. USUAL RESIDENCE	Where deceased lived. If B. COUNTY	institution: residence before admission	
	STAGNES		GLEN!	If outside corporate limits	KuraL and give township	
	Length of stay in Baltimore	DOA, Yrs. Mos. Days	MARKEY RO	AD 176 A	4.	
M	6. COLOR OR RACE WHITE A. USUAL OCCUPATION (Give kind of	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	APKIL 7, 1949	1	nths Days Hours Min	
work	a done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	DALTIMO	RE MO	12. CITIZEN OF WHAT COUNTRY	
(CLARENCE C. 5.	WAIN I	LILLIAN E			
(Yes	was deceased ever in U.S. ARMED (If yes, give wer or deter	of service) 16. SOCIAL SECURITY NO.	CLARENCE SW	AIN I MARL	EV RA. 146A	
ICATION	(This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which complete the mode of the model of th	na the disease, aused death.) DUE TO ES FANY, GIVING STATING THE DUE TO	TICEMIA- OTERAL HE O POREMI	MORRHA		
CERTIFIC	OTHER SIGNIFICANT CONDITION TO THE OISEASE OR CONDITION	NOT RELATED		RoFisher	140	
19A. DATE OF OPERATION THEF OR ASST. MEDICAL EXAMINE TO NO						
S CAUSE OF BEATH						
	21D. TIME (Month) (Day) (Year) OF INJURY	m. WHILE AT NOT WHILE		RY OCCUR?		
deceased alive on, 19, to, 19, that I last saw the deceased alive on, 19, and that death occurred at, from the causes and on the date stated above 23a. SIGNATURE, 23c. DATE SIGNED						
24 TUD	A. BURIAL, CREMA- DR REMOVAL (Specify)	24c. NAME OF CEMETER		CATION (City, town, LEN BULKY		
DA		SSIGNATURE	25 FUNERAL DIRECTOR	1. 1	ADDRESS BULNIE	
	VS 150	At UUUI	3 7 7		24a m	

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G. Howard Strong 3207 W. North Ave.,

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50 3193 BALTIMORE CITY HEALTH DEPARTMENT \$ 50 .3193								
BI	CERTIFICATE OF DEATH Registered No.							
	NAME OF DECEASED winds. Betto	BETTS) 2. DATE OF DEATH PULL	5,1950					
	PLACE OF DEATH: Baltimore City, Maryland	4. STATE B. COUNTY	titution: residence before admission)					
	FULL NAME OF (If not in hospital or institution, give street address or SPITAL OR location)		write RURAL and give					
IN 2	BETTUTION AND HOPKING	Xidgewood	township)					
	Length of stay in Baltimore Yrs. Mos. Days	o. STREET ADDRESS (Mrunit, give by anion)						
10	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (Inyears It Under Last birthday) Month	er I Year If Under 24 Hours B Days Hours Min.					
10 work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) INDUSTRY	74	CITIZEN OF WHAT COUNTRY?					
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
15	Arbeit G. BEtts	HElen M. Mc Laughlin						
(Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? , no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT AUTELING HUSPILLI ADD	RESS					
	18. 7544 . CAUSE	OF DEATH	INTERVAL BETWEEN					
	DISEASE OR CONDITION DIRECTLY Cardiae Arrist during							
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)							
	ANTECEDENT CAUSES							
TION	DISEASES OR CONDITIONS, IF ANY, GIVING							
CAT	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	1 Disease						
RTIFICA	(C)	CERTIFICATION APPROVED BY						
ER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	Deck o	Ter-Jimsa Ja					
0	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION M.D.	20. AUTOPSY?					
AL	415/80 3	CHIEF OR ASST. MEDICAL EXAMINEF.	YES NO					
EDIC	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,		exact location)					
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR?								
	m. WHILE AT NOT WHILE AT WORK AT WORK							
	22. I hereby certify that I attended the deceased from 4		that I last saw the					
	deceased alive on 4 5, 19 p, and that death occu	rrcd at # 2 m., from the causes and on the	date stated above.					
	IN Pohns M.O.		4/5/50					
24 TH	24A. BURIAL CREMA- 24B. DATE 146/50 24C. NAME OF CEMETERY OF GREMATORY 24D. LOCATION (City, town, or county) (State) REMOVAL (Specify) Ridge wood 7.							
L	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS							
A	APR 6 - 1950 Juntingfor / Musing Man (Gok) in c. 72/7 St. Taul 4.							
	vs 15 Med. Ex Case 10-	be approved	157E					

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50 3194 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED, 2. DATE (Type or Print) OF April 5,1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A Baltimore City, Maryland B. COUNTY before admission) A. STATE Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give Sinai Hospital INSTITUTION Baltimore township) o. STREET ADDRESS (If rural, give location) Yrs. Mos. 1131 E Baltimore St c. Length of stay in Baltimore 50 yrs Days 6. COLOR OR RACE | 7. SINGLE. MARRIED. 9. AGE (In years | II Under 1 Year | If Under 24 Hours | Months Days | Hours | Min. 5. SEX 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify)
Married Male Whimite 1880m 10A. USUAL OCCUPATION (Givekind of IOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired)
Dairy Business Own INDUSTRY WHAT COUNTRY Business Rudsia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sol Malin Unkown 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL Mrs Irvin Golboro 2212 Mt Royal Terrace (Yes, no or nnknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET ANO DEATH Brouchon reumoura DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION .

21B. FLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

OF INJURY WHILE AT NOT WHILE!

WORK

22. I hereby certify that I attended the deceased from

. and that death occurred at 4:30 deceased alive on 4/5 23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

21A. ACCIDENT, SUICIDE. HOMICIDE (Specify)

April 6,1950 DATE RECEIVED BY

Hebrew Rosedale Cemetory D8

while or / full fills, Al

21c. WHERE DID

21F. HOW DID INJURY OCCUR?

24c. NAME OF CEMETERY OR CREMATOR 240. LOGATION (City, town, or county)

23c. DATE SIGNED

19 Jo that I last saw the

(If in Baltimore City, give exact location)

m., from the causes and on the date stated above.

20. AUTOPSY

ADDRESS

Sol Levinson & Bros 1126 W

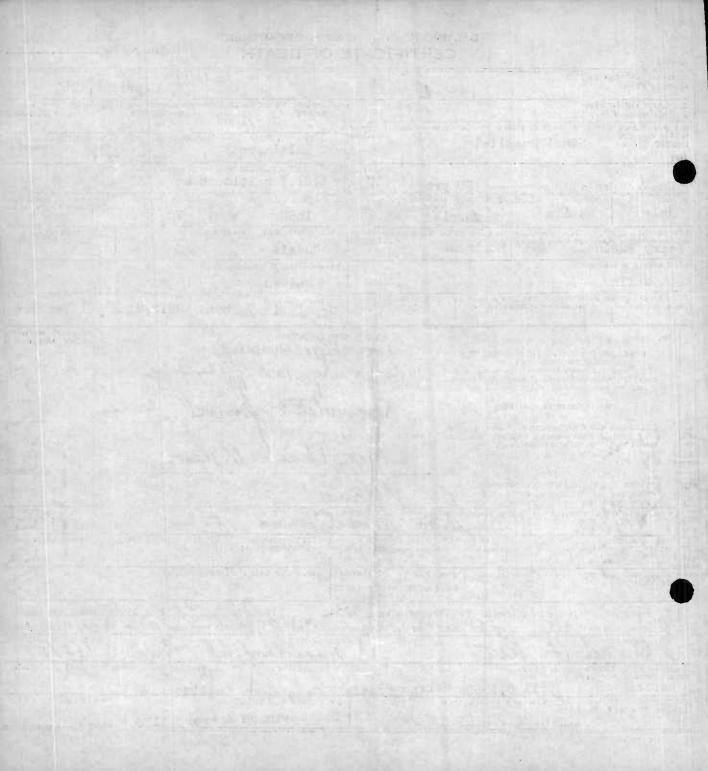
Baltimore Md

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- 4	400	50 TH DEBARTMENT X	3196				
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No							
1	1. NAME OF OECEASED (Type or Print) Baby Bay H	ealey 2. DATE OF DEATH 3-24-	30 P 408				
	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	titution: residence before admission				
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION	c. CITY OF TOWN (If outside corporate limits, v	write RURAL and give				
	40 St. Manes Mospital	Baltimore Aus	township				
2	Yrs. Mos. C. Length of stay in Baltimore	o. STREET AODRESS (If rural, give location)	venue				
num (5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		der I Year If Under 24 Hours Days Hours Min.				
- Carata	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KINO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT COUNTRY				
17.5	13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME	3.71.				
3	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Eleanor vag					
	(Yes, no or naknown) (If yes, give war or dates of service) SECURITY NO.	HOSPITUI RECARDS	RESS				
Transport of the state of the s	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (B) (C) (C) (C)						
	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?				
	O D		YES NO				
	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?						
	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK						
	22. I hereby certify that I attended the deceased from						
	VS 150	159	mg '				

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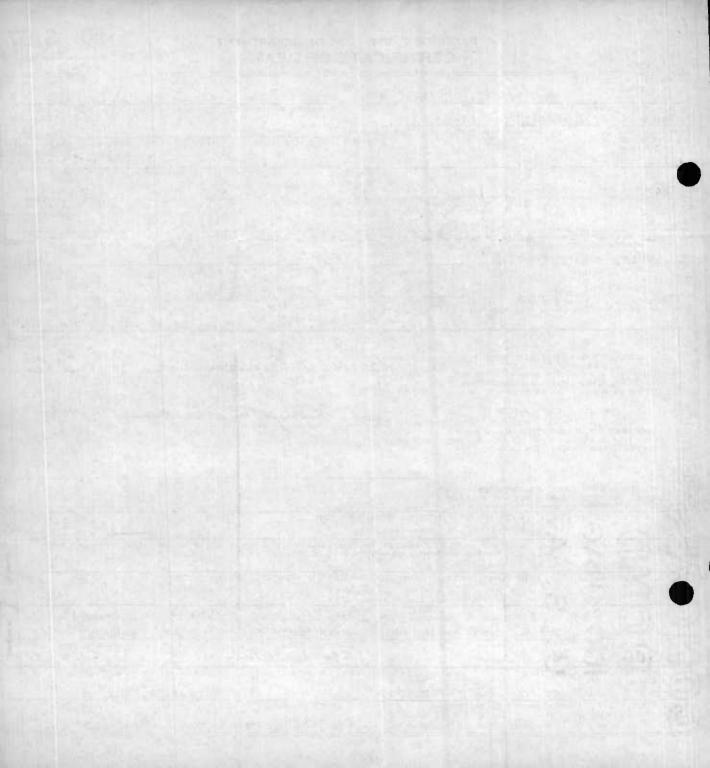
A TO COLONIA

originally referred as stillbirt (36358)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 3197
Registered No.

B	RTH NO.						
1.	NAME OF DECE	ASED				2. DATE	
	MARTIN PETER BRAUTIGAM				DEATH April 3, 1950		
Α.	B. PLACE OF DEATH: A. Baltimore City, Maryland26 S. Fllwood Ave.				4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)		
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR						
	INSTITUTION			C. CITT OR TOWN (If outside corporate nints, write Rijk Al, and give			
	0				Baltimore	1 0	
				Yrs. Mos.	D. STREET ADDRESS (If		
	Length of stay		Lifeti				
5.	SEX 6.0	COLOR OR RACE		E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If Un last birthday) Mont	der I Year If Under 24 Hours has Days Hours Min.
		hite	Marr.		Oct. 3. 1876	73	
10 worl	A. USUAL OCCUP doneduring most of wor	ATION (Give kind of	IOB. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country) 1	2. CITIZEN OF WHAT COUNTRY
	ationary er		6.6	- La	Baltimore, Md.		WHAT COUNTRY
	. FATHER'S NAM				14. MOTHER'S MAIDEN NA	AME	
	Adam Brau	ntigam			Augusta Schmi	đt.	
15	. WAS DECEASED E	VER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		PRESS
(Ke	, no or unknown) (If yes, give war or date	s of service)	SECURITY NO.			
	No.				Mrs. Spohia Brat	ulgam 26 S. L.	INTERVAL BETWEEN
	18. 204.	0 1		CAUSE	OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Sorulael herealises 26.					3 hes	
	(This does not	mean the mode of	of dying, e.	g., (A)	etral hemorrhage 3 hes.		2 hes.
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
	ANTECEDENT CAUSES						
z	ANTECEDENT CAUSES (B) acute Lymphalic Leukenna						
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
AT	UNDERLYING CONDITION LAST.						
10							
F	[[C]						
ER	OTHER SIGNIFICANT CONDITIONS CON-						
Ü	TO THE DISEA	SE OR CONDITION	CAUSING	IT			
1	19A. DATE OF O	PERATION 0 1	98. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
U	YES						
MEDICAL	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21a. PLACE OF INJURY (e. g., in or labout home, farm, factory, street, office bldg., etc.) 21b. PLACE OF INJURY (e. g., in or labout home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.)						
Σ	21D. TIME (Mon	th) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	OF INJURY			WHILE AT NOT WHILE			
			m.	WORK AT WORK	3-	20.2	
11-				000000000000000000000000000000000000000	an 20 , 1950, to a		that I last saw the
	deceased alive		1950		rred at 12:30 p.m., from to		
2	23A. SIGNATUR		1.		2900 E. Ballo SZ		23c. DATE SIGNED
		S. Mac M.					apr 4, 1950
TI	IA. BURIAL, CREM ON, REMOVAL (Speci	AA- 24B. DATE	10	24c. NAME OF CEMETE	ERY OR CREMATORY 24b. L	OCATION (City, town, or	county) (State)
	urial	Apr 6,		Parkwood	P	arkville, Md.	
	TE RECEIVED B	And 20 1	4 " 11	A C	25. FUNERAL DIRECTOR	F	DDRESS
	APR 6	Thurster	ator /	Mianua, Alla a	Ullrich Fungral	Home 2008 Orla	eans St.
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 50 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give JOHNS HOPKINS HOSPITE C. CITY OR TOWN INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. Oa c. Length of stay in Baltimore 2 Days 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 8, DATE OF BIRTH 9. AGE (In years | Under 1 Year | Il Under 24 Hours last birthday) | Months; Days | Hours; Min. 5. SEX male 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMADO SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH 60,5 ONSET AND DEATH Prematurity DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO Physicians: 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F, HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from 3-30 , 1950 to 4-1 , 1950, that I last saw the 1950, and that death occurred at 94-52m., from the causes and on the date stated above. deceased alive on 4-1 23c. DATE SIGNED 23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C, NAME OF CEMETERY OR CREMATORY | 24D, LOCATION (City, town, or county) correct 25. FUNERAL DIRECTOR DATE RECEIVED BY ADDRESS REGISTRAR'S, SIGNATURE LOCAL REGISTRAR minugion / Wheatell, M. M. VS 150 160a

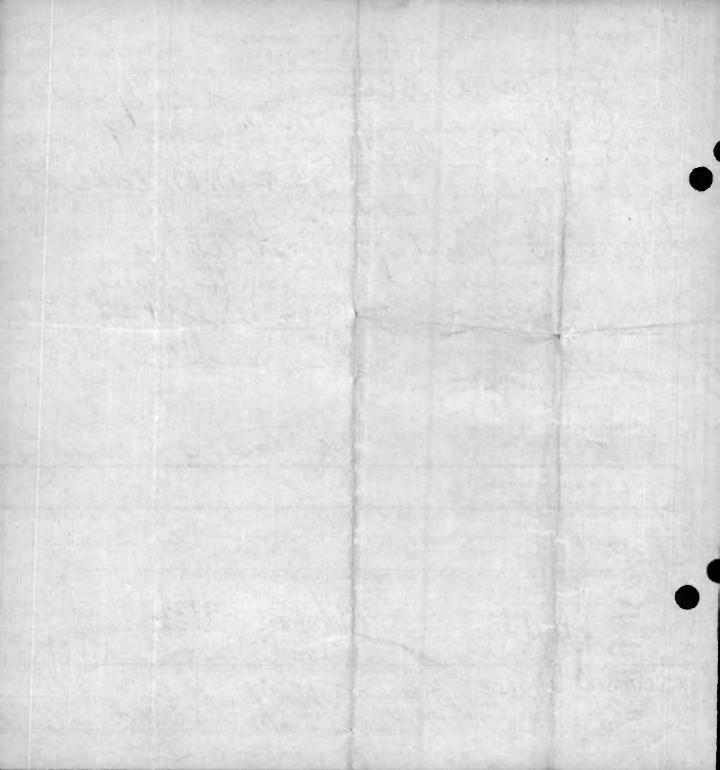
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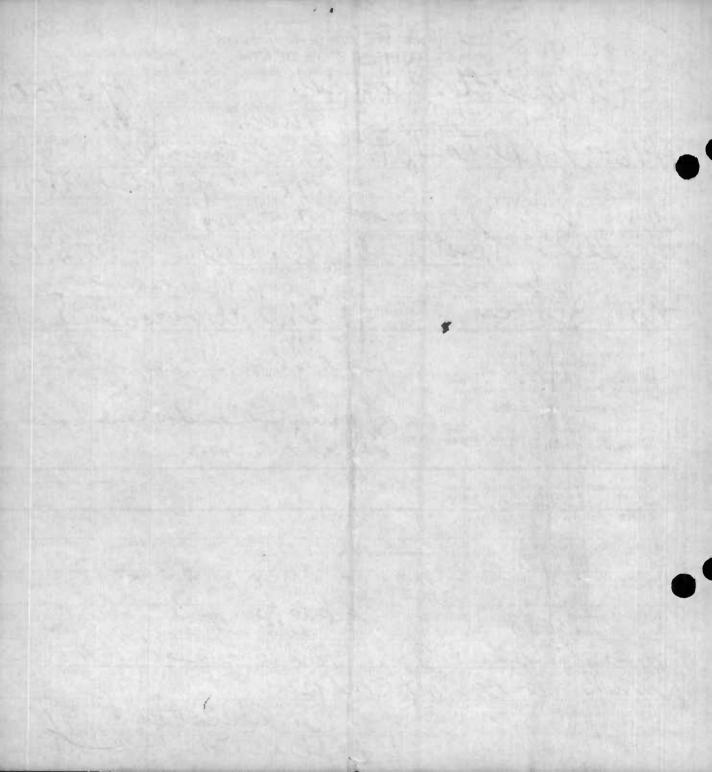
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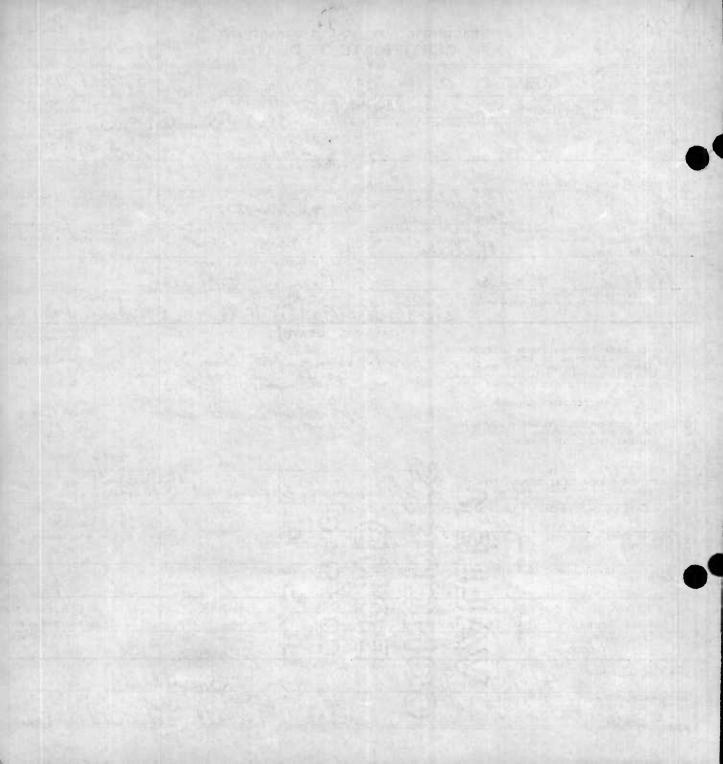
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OF kutuator Villians



Physicians:

VS 150

1717/10 200 SHIPS HALL

50 3206 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OLIVIA BAKER BRADLEV DEATH 3. PLACE OF DEATH: USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland 2// B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or KEISTERSTOWN HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION CRAW FORD ETREATtownship) EISTERSIONN D. STREET ADDRESS (If rural, give location) Mos 50 YRS c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. B. DATE OF BIRTH 9. AGE (in year) H Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours: Min. WHITE FEMALE MAY 10-187 WOGIW 10A. USUAL OCCUPATION (Givekindof) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooeduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? AT HOME CARROLL Co: 13. FATHER'S NAME death 14. MOTHER'S MAIDEN NAME MARTHA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, oo or uokoown) (If yes, give war or dates of cervice) SECURITY NO. - 4404 ROLAND WM. F. HOWARD 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e.g., io or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE AT WORK 19.50 that I last saw the 1950 to Carel 22. I hereby certify that I attended the deceased from_ 1958, and that death occurred at 2 Pm., from the causes and on the date stated above. deceased alive on line 23A. SIGNATURE 23B, ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or counts) (State) TION, REMOVAL Specify, APRIL 6-DRUID ADDRESS DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE REGISTRAR humanian / manus, Mil VS 150

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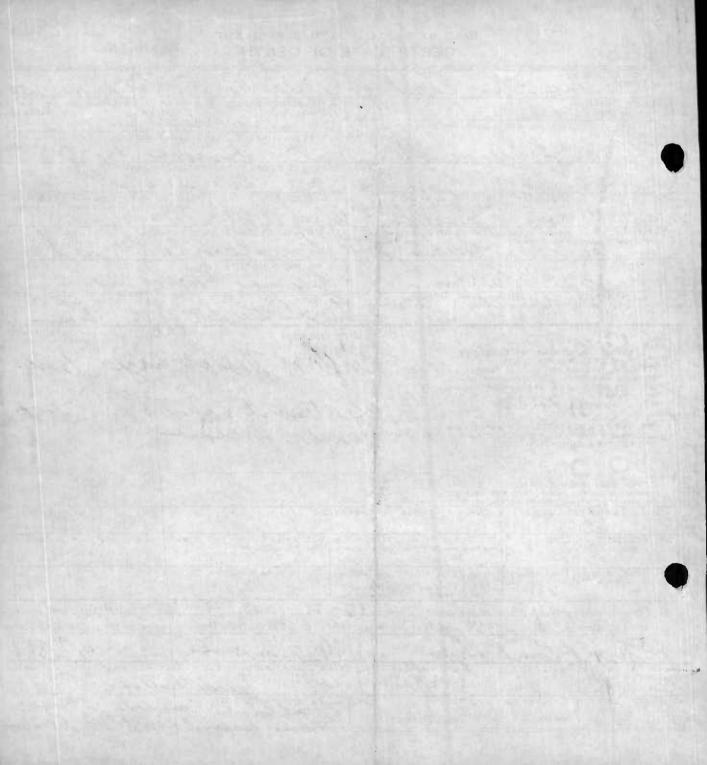
50 - 3202BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased live), If institution: residence S. PLACE OF DEATH A. Baltimore City, Maryland 1737 before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Iocation) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If rural, give location Yrs. Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years If Under I Year If Under 24 Hours 8. DATE OF BIRTH last birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dopa during most of working life, even if retired) INDUSTRY WHAT COUNTRY? etired Police 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME momas 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION EDIC 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from June 20 . 1920, that I last saw the deceased alive on Boril 3, 19.50, and that death occurred at 10:45 pm., from the eauses and on the date stated above. 234. SUGNATURE 23B. ADDRESS 23¢. DATE SIGNED 24A. BURIAL, CREMA- 24B. DATE M. D. 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) elme 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS DATE RECEIVED BY LOCAL REGISTRAR buriogion / Mulause ano VS 150

Dr. Harbold 4706 Harbordane Bel. 2613 31 WARREN Ad.

VS 150

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1	420					
BI	7000	TE OF DEATH	SU Registered No.—	3209		
	NAME OF DECEASED JOSEPH FA	LK	2. DATE OF DEATH 4- V-	50		
Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W		ion: residence before admission)		
H	FULL NAME OF (If not in hospital or institution, give street address location) STITUTION 7 7 7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		outside corporate limits, write	RURAL and give township)		
	Pile We		rural, give location)			
	Length of stay in Baltimore Da	ys 12225 100	9. AGE (in years Bader Y	ear If Under 24 Hours		
n	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spec		last hirthday) Months D	ays Hours Min.		
WOE	A USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR Conceduring ment of your ling life, ever life tired) Coult of	11. BIRTOPLACE (State or fo		TIZEN OF HAT COUNTRY?		
13	FATHER'S NAME	14. MOTHER'S MAIDEN NA	AME			
15	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Oelia	A D D D D C			
(Ye	a, no or unknown) (If yes, give war or dates of service) SECURITY NO	Telda Fall	7-7-7-5 Kerl	L live		
	18. 4 20 . 1 CAUS	E OF DEATH		TERVAL BETWEEN		
	Olsease or Condition Directly LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)					
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	N. 21	7			
7	ANTECEDENT CAUSES	,,	• •			
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.					
IF10	(C)			1-1-5-1-1-10-1-10-1-10-10-10-10-10-10-10-10-1		
ERI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED					
U	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OF	PERATION		O. AUTOPSY?		
EDICAL		g., in or 21c. WHERE DID (I		ES NO		
(EDI	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. shout home, ferm, factory, street, office ble	f in Baltimore City, give ex	act location)			
4	To. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU FINJURY WHILE AT NOT WH		OCCUR?			
	m. WORK AT WORK					
	deceased alive on Annual 1950, and that death occurred at O-m., from the causes and on the date s					
	23A. SIGNATURE	23B. ADDRESS		DATE SIGNED		
2	M. O.	TERY OR CREMATORY 240. LO	OCATION (City, town, or cou	nty) (State)		
TI	ON REMOVAL (Specify) 4 - 6 - 5 Hebrew H	exercis luis	Hallo	Ma		
P	ATE RECEIVED BY REGISTRAR'S, SIGNATURE OCAL REGISTRAR APR 6 - 1950	125. FUNERAL DIRECTOR	Le 2100 60	tow Pl		
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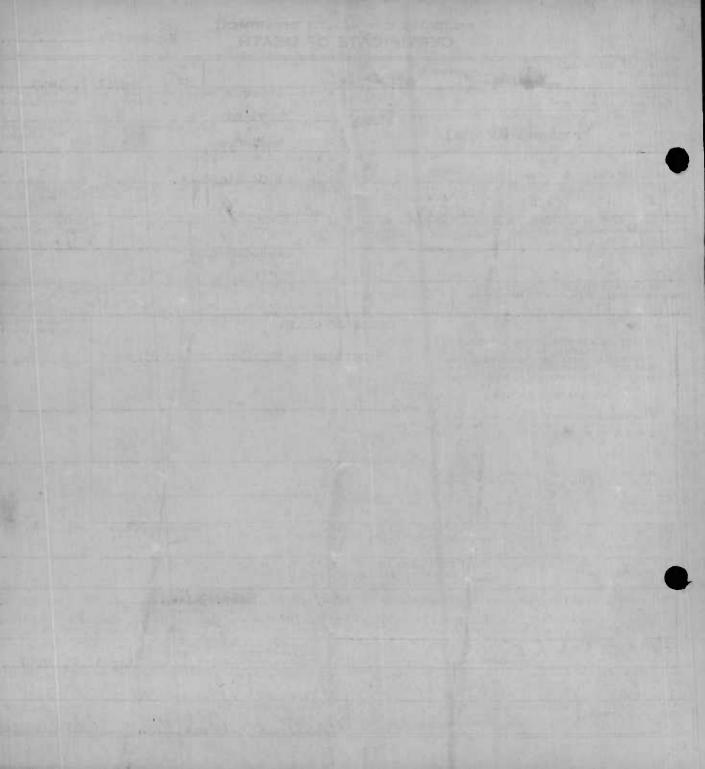
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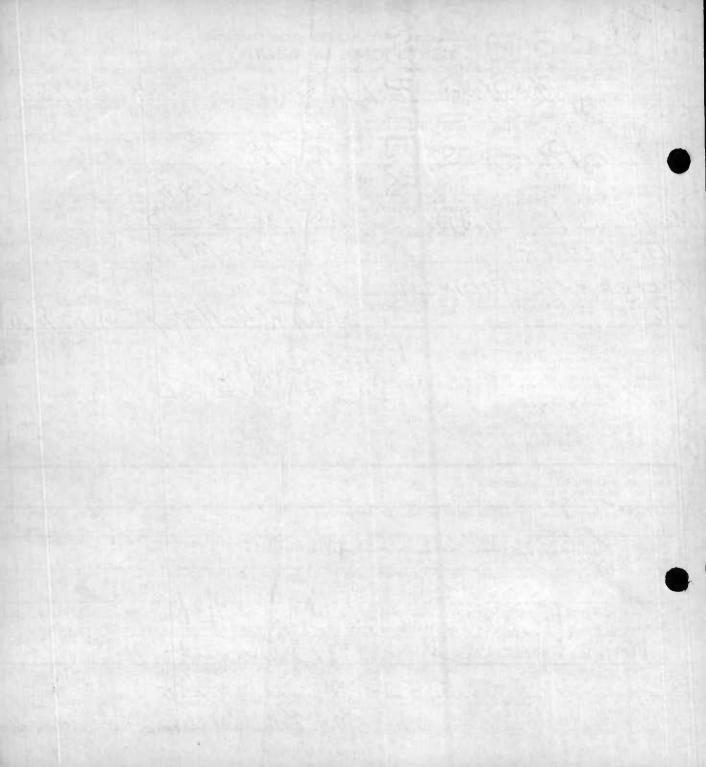
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3210

B	IRTH NO.						
1.	NAME OF DE		ONIA	HARRIDA	V	2. DATE OF	
	PLACE OF DE	ATH:	ONTR	(emw)	4. USUAL RESIDENCE (V		
_	FULL NAME C	ity, Maryland	al or institution, giv	a street address or	A. STATE	B. COUNTY	before admission)
H	OSPITAL OR	Provident		location)	c. CITY OR TOWN (I	outside corporate limits, w	vrite RURAL and give township)
	9: -	110120010			Baltimore	16-	O / township)
â	Langth of at	ay in Baltimore		Yrs. Mos.	D. STREET ADDRESS (If		
-		6. COLOR OR RACE	7. SINGLE, MAR	Days	8. DATE OF BIRTH	S St. 19. AGE (In years) H Und	ler 1 Year If Under 24 Hours
	F	C		VORCED (Specify)	Mahohiuison		Bays Hours Min.
		UPATION (Give kind of working life, even if retired)	108. KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (Sta or f	oreign country) 12	CITIZEN OF
	Touse	WITE			Ba to. N	d.	L.S.A.
	3. FATHER'S N.	+ D AL		1000000	14. MOTHER'S MAIDEN N	AME	
1	S. WAS DECEASED	D EVER IN U. S. ARMED	FORCES? / 16.5	SOCIAL	17. INFORMANT	James	000
(Y	ea, no pr unkoown)	(If yes, give war or dates		ECURITY NO.	Managhet 1.	Dalman M.	RESS 328 an
	18. 4 V	2 V	TO THE RESERVE OF THE PARTY OF	CAUSE	OF DEATH	WIMBE III	INTERVAL BETWEEN
	17.	E OR CONDITION	DIRECTLY				ONSET AND DEATH
		LEADING TO DEAT not mean the mode o	f dying, e. g.,	(A)Hyper:	tensive Cardiovas	cular Disease	•
		e, asthenia, etc. It mean complication which c		OUE TO			
		ANTECEDENT CAUS	ES				1200
z	DISEASES	OR CONDITIONS. 15	ANY, GIVING	(B)	***************************************		
RTIFICATION	RISE TO TH	HE ABOVE CAUSE (A)	STATING THE	OUE TO			
CA							
F		11		(C)			
	TRIBUTING	GNIFICANT CONDITO THE DEATH, BUT	NOT RELATED				
CE		SEASE OR CONDITION	98. MAJOR FIND	INGS OF OPERA	ATION		20. AUTOPSY?
7		2					YES X NO
EDICA	21A. EXTERN PRIMARY 0 CAUSE OF D	AL CAUSE WAS OR CONTRIBUTING [] EATH.		FINJURY (e. g., in ory,street, office bldg.,et		If in Baltimore City, give	exact location)
M	210. TIME (I	Month) (Day) (Year)	(Hour) 21E. IN WHILE AT WORK	NJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?	
B	22. I certify	u that I took char	ge of the remai	ins described al	bove, held an Autops	V. CANA	thereon and from
	the evid	lence obtained by	said Autopsy, l	Inspection or In	Autopsy, aquiry, find that said do	Inspection or Inquiry eccased died on the c	day stated above,
	23A, SIGNATI		resulted from:	natural causes	, accident , suicide		
	ZJA, SIGNAT	RSF	sker	M.I	ASSISTANT MEDICAL	EXAMINER 23c. I	
	4A. BURIAL, CI		10 24C.N	AME OF CEMETER		OCATION (City, town, or	
Z	surial	14-1-1	950 UE	Tulus .	Hemorias W	Villes	HIG.
	ATE RECEIVED		SIGNATURE		25. FUNERAL DIRECTOR	DIA	DORESS 312/
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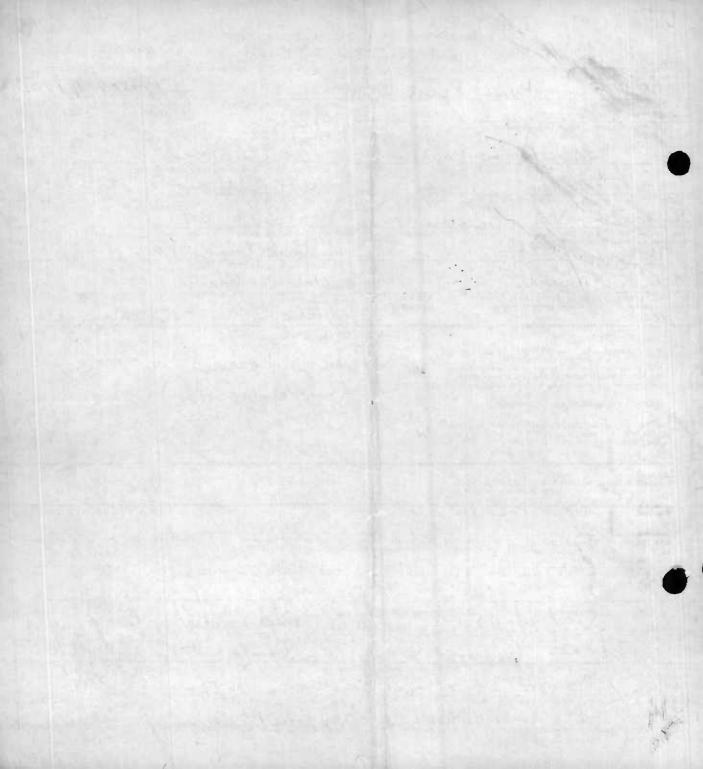
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE 9. AGE (in years) If Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) WidoW 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dong during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECHASED EVER IN O. S. ARMED FORCES?
(Yee, no or unknown) (If yee, give war or dates of service) ADDRESS / SECURITY NO. INTERVAL BETWEEN 18. GAUSE OF 420,0 DEATH ONSER AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e.g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE WORK 22. I hereby certify that I attended the deceased from I 19 19___. that I last saw the .. and that death occurred at deceased alive on. 19 from the causes and on the date stated above. 23A. SIGNATURE 23B ADDRESS PEC. DATE SIGNED au M. D 24A. BURIAL, CREMA-OCATION (City, town, or county) 24B, DATE 24C-NAME OF (State) TIDN, REMOVAL Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 1PR 6 - 1951 mento pass VS 150



BALTIMORE CITY HE	EALIH DEPARTMENT				
BIRTH NO. 3212 CERTIFICATI	E OF DEATH Registered No.				
1. NAME OF DECEASED Hazel Reed Erv	in. 2. DATE March 31, 1950.				
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give				
1620 Delano Court,	D. STREET ADDRESS (If rural, give location)				
c. Length of stay in Baltimore Mos. Days	1620 Delano Court, Gil Prove				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years of flows Days Hours Min. 24 Hours Min.				
10A. USUAL OCCUPATION (Give kind of rork done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	14. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
Willie Reed.	14. MOTHER'S MAIDEN NAME				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS Willie Curin, 1620 Delamo Como				
	OF DEATH INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This docs not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	Bulminson				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT WAS UNDER. 21b. PLACE OF INJURY (e. g., is about home farm factory atreet office bldg.	RATION 20. AUTOPSY?				
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?					
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY WHILE AT NOT WHILE AT WORK AT WORK					
22. I hereby certify that I attended the deceased from deceased alive on 3, 3, 3, and that death occur	rred at 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
23A. SIGNATURE OMNIL M.D.	70 Secret A 13 6/0				
13 LULIAL (SPECIFY) 4-6-1958 HILLIAN	in Cem Ballo. Ilk.				
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS 322 N				

VS 150

Turtugion Williams, 1



50 - 3213BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH A 4. USUAL RESIDENCE (Where deceased lived, If instruction: residence 3. PLACE OF DEATH: before admission) A. Baltimore City, Maryland A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR LOCATION)

NOTITUTION

OF THE PROPERTY C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION more (Frural, give Acation) Yrs. D. STREET ADDRESS Mos. ham (c. Length of stay in Baltimore Davs If Under 1 Year | If Under 24 Hours 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years) last birthday) Months Days Hours Min. WIDOWED DIVORCED (Specify) -5-13 hil 12. CITIZEN OF 10A, USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) INDUSTRY WHAT COUNTRY work done daring most of working life, even if retired) School girl 13. FATHER'S NAME 14. MOZHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL ADDRESS 17. INFORMANT SECURITY NO. JUNE HOPKINS HOSPITE INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20, AUTOPSY 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) DF INJURY NOT WHILE WHILE AT AT WORK 19 50 to 4 - 4 - 1950, that I last saw the 22. I hereby certify that I attended the deceased from 3 - 3 1 -. 1950, and that death occurred at 9:45 m., from the causes and on the date stated above deceased alive on 4-4-234 SIGNATURE W. Warung LEAS ROPAIRS HOLP M. D. 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 25/FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR

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Cuwling St 58)

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DATE RECEIVED BY REGISTRAR'S SIGNATURE
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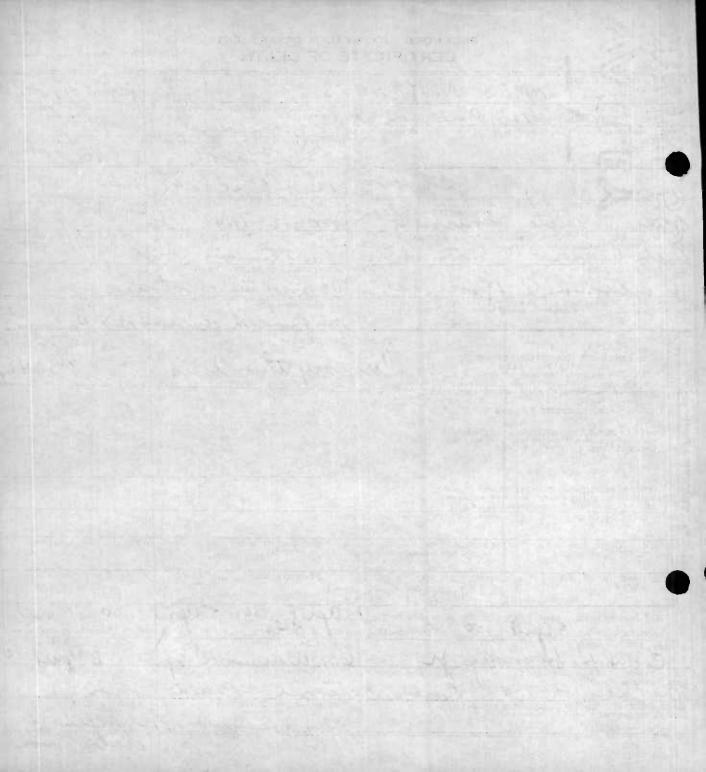
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50 3215 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH S. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION JOHNS HOPE'' myma D. STREET ADDRESS (If rural, give location) Yrs. Mos c. Length of stay in Baltimore Days 9. AGE (In years I Under I Year Hours Min. n Under 1 Year 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) IOA. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? ODS JUBC LABORER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or onkoowo) (If yes, give war or dates of service) SECURITY NO. TOHNS HOPKING HOSPITAL INTERVAL RETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Rheumatic heart direare LEADING TO DEATH (This does not mean the mode of dving, e.g., heart failure, asthenia, etc. It means the disease, mitral + severe aurtic DUE TO injury or complication which caused death.) ANTECEDENT CAUSES clisease ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A, DATE OF OPERATION EDICA 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., io or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21c. WHERE DID INJURY OCCUR? HOMICIDE 21F. HOW DID INJURY OCCUR? PID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NOT WHILE WHILE AT AT WORK WORK 1950, to_ 3-21 , 190 0, that I last saw the 22. I hereby certify that I attended the deceased from_ , 1950, and that death occurred at 9 m., from the causes and on the date stated above. deceased alive on 4 - 4 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS 1 og eun 24D. LOCATION (City, town, or county) 24A BURIAL CREMATION REMOVAL (Specify) C. NAME OF CEMETERY OR CREMATORY Dulial

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DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

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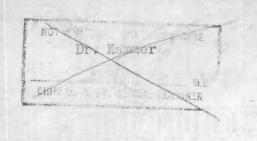
25. FUNERAL DIRECTOR

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5	MS-1-18	7075	ВА		EALTH DEPARTME	NT	0 3216
В	IRTH NO.			CERTIFICAT	E OF DEATH	Registered N	0
	NAME OF DEC	EASED				2. DATE OF	
3	PLACE OF DEA	Lummie TH:	Joh	inson	I A LISUAL PESIDENCE	DEATH April	
A	Baltimore Cit	y, Maryland			A. STATE	B. COUNTY	before admission)
H	OSPITAL OR F	altimore C	ital or institu	tion, give street address or		(If outside corporate limits	write RURAL and sine
3	STITUTION	4940 Easter	n Arra.	high	Baltimore	(1) outside corporate minus	township)
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yrs.	D. STREET ADDRESS	(If rural, give location)	
С	Length of stay	y in Baltimore	15	yrs. Mos.	1204 Madis	on Ave.	
5	. SEX 6.	COLOR OR RACE		E, MARRIED, WED, DIVORCED (Specify)	8. DATE OF BESTO	9. AGE (In years) #	Under I Year If Under 24 Hours nths: Days Hours Min.
	emale	Negro	Wid	owed	June 13, 13000	48) 48	Tours Min.
	k done during most of we	PATION (Give kind orking life, even if retired		D OF BUSINESS OR INDUSTRY		The state of the s	12. CITIZEN OF WHAT COUNTRY:
1:	B. FATHER'S NAI	mester			North Carolina		
1:	5. WAS DECEASED	y Mitchell EVER IN U. S. ARME	D FORCES?	I 16. SOCIAL	Mydelia Drake		
(Y	oe, no or unknown)	(If yee, give war or dat	es of service)	SECURITY NO.		14940 Eastern	DDRESS
-	18. 16164	V		CALISE			INTERVAL BETWEEN
	772	18. Hay X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY					ONSET AND DEATH
	L	EADING TO DEA	TH	Urem	la		
	heart failure,	asthenia, etc. It me	ans the disca	se,		***************************************	
	A.N.	NTECEDENT CAU	ere.				
z					tensive Cardio	Vascular Disea	se
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NA O	UNDERLYIN	IG CONDITION L	AST.	(c) Nepl	rosclerosis		come demonstra
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1	19A. DATE OF	OPERATION 0	19B. MAJOR	R FINDINGS OF OPER	RATION	HEF OR ALS I. MEDICAL EX	20. AUTOPSY?
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		CONTRIBUTING	about home,	, farm, factory, street, office bldg.,	tc.) INJURY OCCUR?		
Σ	21D. TIME (Me	onth) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID IN.	JURY OCCUR?	
	F INJURY		m.	WHILE AT NOT WHILE			
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	deceased alive			account from		om the causes and on th	
	23A. SIGNATU		2/1-	2	3B. ADDRESS		23C. DATE SIGNED
		M. C	roge		4940 Eastern Av		4-5-50
2 TI	4A. BURIAL, CRE ON, REMOVAL (Spec	eify) 24B. DATE	2	24C. NAME OF CEMETE	RY OR CREMATORY 24	D. LOCATION (City, town,	or county) (State)
-	ATE DECENSES	4/7/0	50	1/stern	siar 6	alonsville	md
L	ATE RECEIVED I	BY REGISTRAN	TU JULY	primarile, Mill	25. FUNERAL DIRECT	18 18 1	ADDRESS
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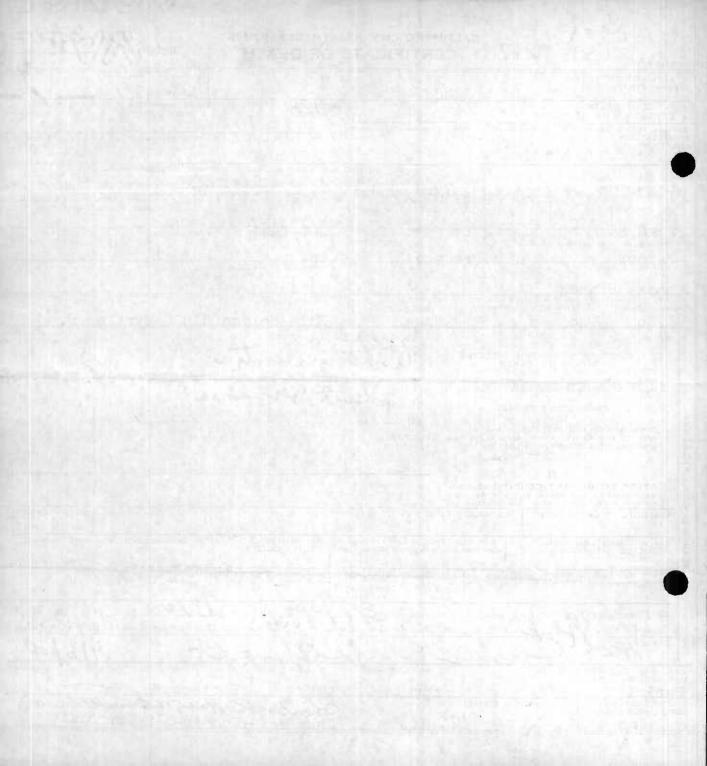


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50 3217 BALTIMORE CITY HEALTH DEPARTMENT 3217 Registered No. CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED (Type or Print) OF EDWARD BRANCH DEATH 4/3/50 4. USUAL RESIDENCE (Where deccased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A STATE A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township 206 Myrtle Av. BALTIMORE D. STREET ADDRESS (If rural, give location) Yrs. Mos. 206 Myrtle c. Length of stay in Baltimore Davs 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (in years 6. COLOR OR RACE It Under 1 Year N Under 24 Hours last birthday) Months: Days Hours: Min. 3/16/1878 72 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY Produce 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Branch Julia 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO Ella Bolden(S)206 Myrtle Av No None INTERVAL BETWEEN 18. 420.0 DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., CAT heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION EDICAL (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? ip. TIME (Month) (Day) (Year) (Hour) INJURY NOT WHILE AT WORK WORK _, to_L . 19___, that I last saw the 22. I hereby certify that I attended the deceased from and that death occurred at 6 m., from the causes and on the date stated above. deceased alive of 23A, SIGNATURE 23B. ADDRESS 24c. NAME of CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE Lincoln Cemetery 4/9/50 Burial Charles G. Cooper-512 Carrollton DATE RECEIVED BY REGISTRAR'S SIGNATURE

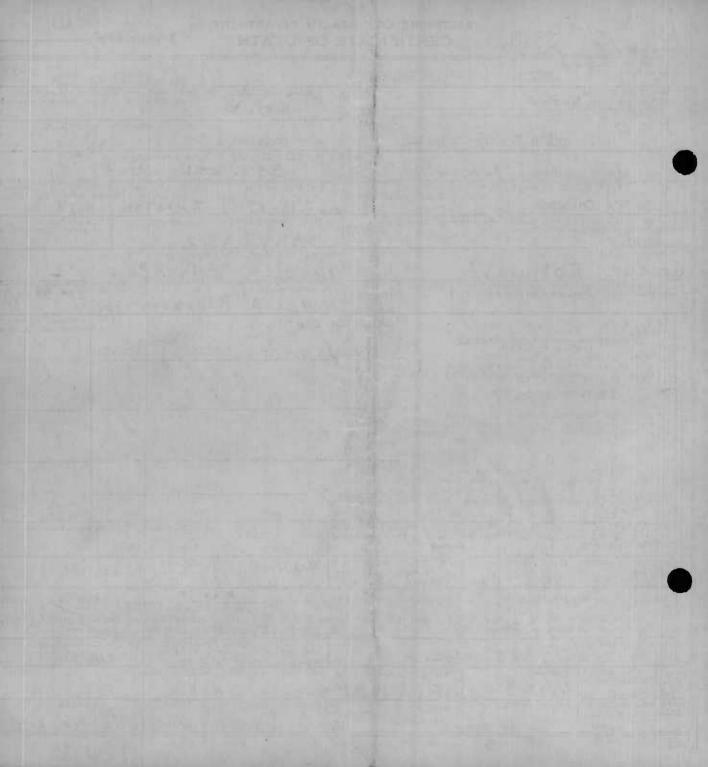
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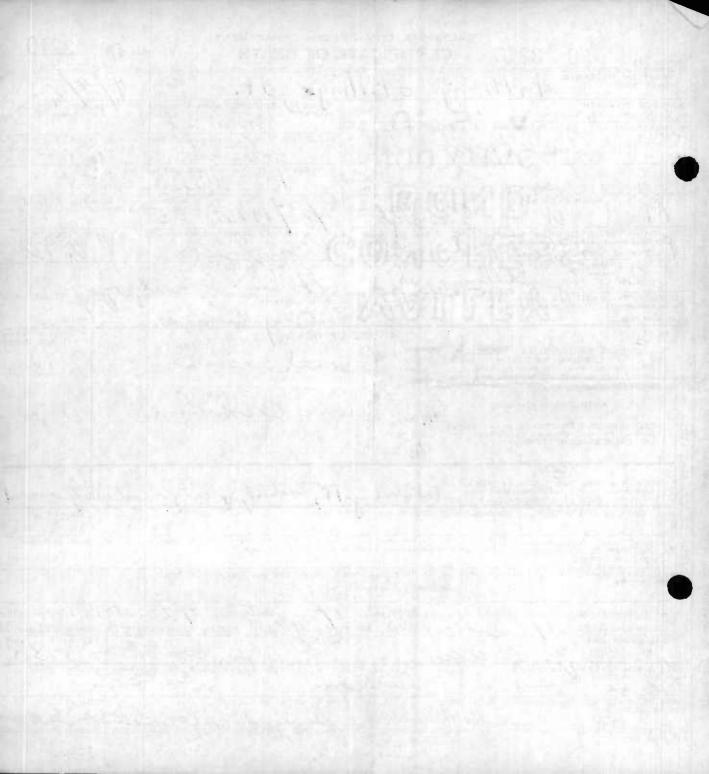


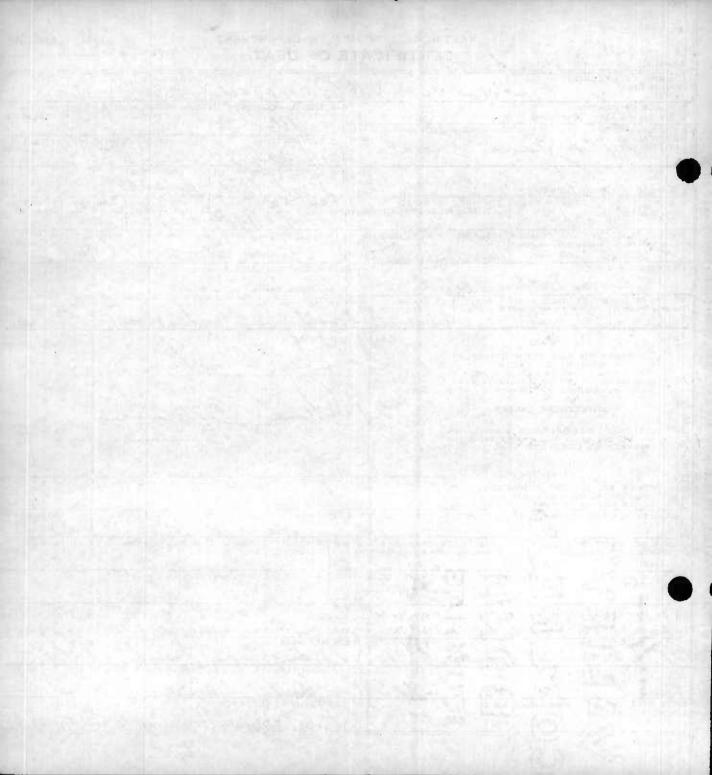
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1.	NAME OF DE	CEASED		ROBINS	ON		2	. DATE OF Ann	37 /	1050
	PLACE OF DE Baltimore C			TODINO		4. USUAL RESID		DEATH Apr e deceased lived B. COUNTY	l. If insti	
B. H		of "f not in hospit	al or institut	tion, give street	address or location)	c. CITY OR TOWN		side corporate l	imits, wr	ite RURAL and giv
8	13111011014	Franklin So	uare H	ospital		Balti	more		9-1	b township
	Length of st	ay in Baltimore	7-100	21,750	Yrs. Mos. Days	D. STREET ADDR	,	toga Str	,	
5	Male	6.COLOR OR RACE Colored		E. MARRIED. VED, DIVORCEI		8. DATE OF BIRT		AGE (In years last birthday)	Months	Year H Under 24 Hour Days Hours Min
10 wor	A. USUAL OCC	CUPATION (Give kind of working life, even if retired)	108. KINI	O OF BUSINES		11. BIRTHPLACE			1 12.	CITIZEN OF WHAT COUNTRY
11	FATHER'S N					14. MOTHER'S MA	AIDEN NAME			
	EORCE.	ROBINS EVER IN U. S. ARMEI		I 16. SOCIAL		NOVELLA	SE	WELL		
(Ye	e, no or unknown)	(If yes, give war or date	of service)	SECURIT	TY NO.	NOVELLA	RoBI	USON 1	ADDR	EGARATOGA
	18. T a CAUSE OF DEATH								INTERVAL BETWEE ONSET AND DEAT	
RTIFICATION	ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.									
IFIC		11		<u>(C) .</u>						
ERT	TRIBUTING	GNIFICANT CONDITION TO THE DEATH, BUT SEASE OR CONDITION	NOT RELAT	FD						
U	19A. DATE OF			FINDINGS C	F OPERA	TION				20. AUTOPSY?
DICAL		AL CAUSE WAS R CONTRIBUTING	about home, i	ACE OF INJUR farm, factory, street, one	Y (e. g., in office bldg., et	D) INJURY OCCU	R?	Baltimore Cit		exact location)
ME	21D. TIME (NO OF INJURY	fonth) (Day) (Year)) 9:00	(Hour)	21E. INJURY C	OCCURRE NOT WHILE X	Regurgit	ation of	cur;	asni	ration of
	22. I certify	that I took char					Autops			ereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the dand death in my opinion resulted from: natural causes, accident \omega_, suicide, homicide, unde								n stated above		
	23A. SIGNATU	JRE RS	Fist	ler:	М.	238. CHIEF ME ASSISTANT ME MEDICAL INV	EDICAL EXA	MINER		TE SIGNED
	A. BURIAL, CR DN. REMOVAL (Spe Burial	ecify)	-0	MTPAI	CEMETER	Y OR CREMATORY		TION (City, to		
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		E OF DEATH Registered	0 3219
	1. NAME OF DECEASED Anthony Still	19 dr. 2. DATE. OF DEATH 4	14/50
r	3. PLACE OF DEATH: A. Baltimore City, Maryland	A STATE B. COUNTY	institution: residence before admission)
J	B. FULL NAME OF (If not in hospital or institution, give street address or location INSTITUTION)		
ibly.	Training (Yrs.)	D. STREET ADDRESS (If rural, give location)	9-0 (township)
legibl	c. Length of stay in Baltimore . Mos. Days	1833 Wilhelm &	treet
y and	5. SEX 6. COLOR OR BACE 7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify	" 2/28/1915 last birthday) Mo	Il Under I Year Onths Days Hours Min.
clearly	104 USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR INDUSTRY AND	Y Maryla not.	12. CITIZEN OF
death	anthony Stillings, Sr.	Theresa Schalita	De la companya della companya della companya de la companya della
es of	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Likerorum	Tr. INFORMANT Stilling Ss.	DRESS
causes	18. 3 22. / 1 CAUSE		INTERVAL BETWEEN ONSET AND DEATH
the	OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	ulral edema	? Idays
write	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	. 11.	
	Z ANTECEDENT CAUSES	one alcoholism	12 ms.
ple	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
lans	(C)		
Physicians: please	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	TB, bilatiral, agrical, mode	Stelly advanced
	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OF	RATION	YES NO
important.	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about hume, farm, factory, street, uffice bldg.		give exact location)
Ily II	OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE WHILE AT NOT WHILE		
122	22. I hereby certify that I attended the deceased from	1/12 2/ 1/1/	e, that I last saw the
esbec	deceased alive on 4/4 1950, and that death occu	erred at 4 30 p.m., from the causes and on t	he date stated above.
age is	Never V. Bluckas M.D.	238. ADDRESS	23c. DATE SIGNED
	124A. BURIAL, CREMA-124B. DATE 24C. NAME OF CEMETION, REMOVAL (Specify) 4-8-0	ERY OR CREMATORY 24D. LOCATION (City, town	or county (State)
correct	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
၁	ADR-6-1950 Thurtington / Williams, Man	Deorge of Farley Field	SA Tay MSt.
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF as/on(Grace Leah Easton) TRRCE DEATH S. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland Green & Redwood Sts. B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland B. FULL NAME OF Howard Co. location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Ellicott City Yrs. D. STREET ADDRESS (If rural, give location) Mos. 6 days c. Length of stay in Baltimore Days College Avenue 5, SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 1 While Aug-6-1877 DA. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? None None Waynesboro, Pennsylvania U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Fred Ziegler Clara Hayes 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or onknown) (If yee, give war or dates of service) SECURITY NO. No None Clinton Easton (son) Ellicott City, Md None INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH RELOSES CY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONmoreal & brado it Bustical TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from 3-29 , 1950, to 4- 4 . 195 that I last saw the deceased alive on 4- 9, 1950, and that death occurred at 6:00 m., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OF CREMATORY Burial ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR

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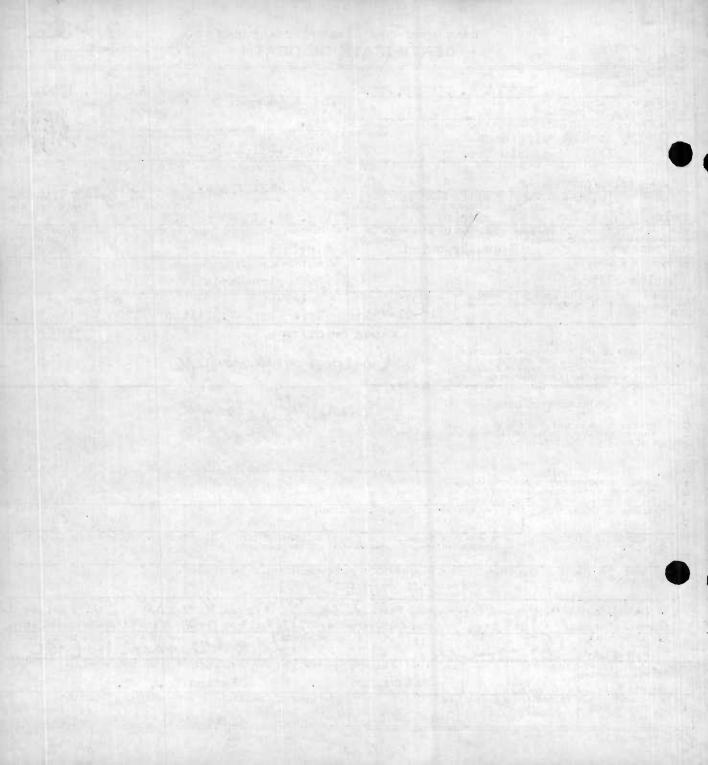
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BALTIMORE CITY HEALTH DEPARTMENT

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50.	No3222	
BIRTH	NO.	

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF VERNON E. TILTON. SR. DEATH April 5, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or Lenegre HOSPITAL OR Hood Nursing Home C. CITY OR TOWN (If outside corporate limits, write RURAL and give STITUTION 5313 Edmondson Ave. Violetville D. STREET ADDRESS (If rural, give location) Yrs. Mos c. Length of stay in Baltimore 1105 Taylor Ave Days 5. SFX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE (In years If Under I Year WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours | Min. male white married Aug. 28, 1886 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? carpenter construction Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Tilton Catherine Davis 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 217-01-7848 no Mrs. Clara V. Tilton 1105 Taylor Ave. INTERVAL BETWEEN 18. 33/X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY tempelen LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21c. WHERE DID INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED F INJURY WHILE AT NOT WHILE! AT WORK 3-10-49,19 4-1-50, 19 , that I last saw the 22. I hereby certify that Lattended the deceased from deceased alive on 3.2000, 1900, and that death occurred at 7.200m., from the causes and on the date stated above. 23c. DATE SIGNED 23A, SIGNATURE 24A. BURIAL CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 24B DATE Meadowridge Cem. Howard Co., Md. 4/8/50 Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25) FUNERAL DIRECTOR ADDRESS Thurtington Williams, M LOCAL REGISTRAR R V6 +5095



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE George Herbert Bryant (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 2319 Tucker Ave.. township) Langhorne p. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) B. DATE OF BIRTH If Under 24 Hours 9. AGE (In years last birthday) Months: Days Hours: Min. White Male May 5.1884 ivorced 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) Woods School Noustry WHAT COUNTRY? Painter Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ranson T. Bryant Martha J. Cole 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS SECHRITO 186 Wm. R. Bryant 2319 Tucker Ave.. 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER. 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office hidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? DE INJURY NOT WHILE 22. I hereby certify that I attended the deceased from Lease 15, 1950 to Offe 5-, 1950 that I last saw the deceased alive on ADV 2. 19.5 Q and that death occurred at 1 P. m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) TION, REMOVAL (Specify) Woodlawn. 4-8-1950 Woodlawn Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR mutuator Whiams, Mis G. Howard Strong 3207 W. North Ave... VS 150

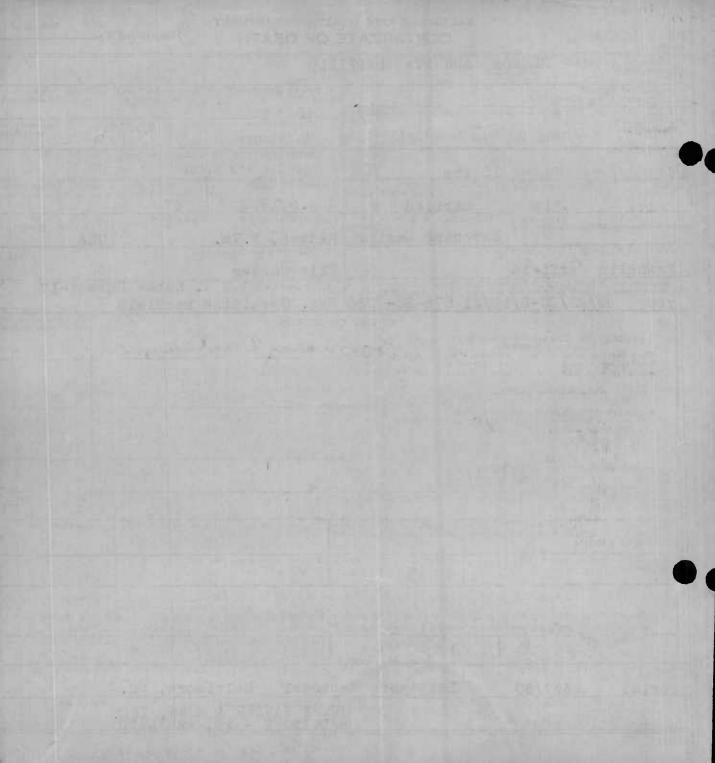
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21E. INJURY OCCURRED

21D, TIME (Month) (Day) (Year) (Hour)

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WORK 22. I hereby certify that I attended the deceased from

and that death occurred at 4:00 m

19 ? that I last saw the Am., from the causes and on the date stated above.

24D. LOCATION (City, town, or county)

24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY! 24B. DATE 4/8/50 Trinity Cemetery Burial REGISTRAR'S SIGNATURE

housing or fillands friels

5500 O'Donnell St. Baltimore 25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc. 2601-5-5 E. Madison St.

21F. HOW DID INJURY OCCUR?

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DATE RECEIVED BY

LOCAL REGISTRAR

OF INJURY

deceased alive on 234. SIGNATURE

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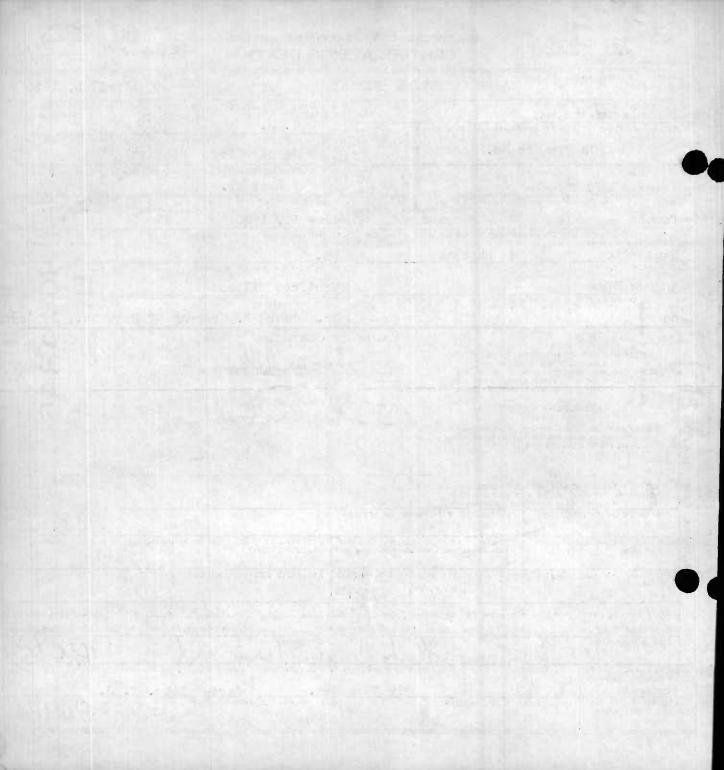
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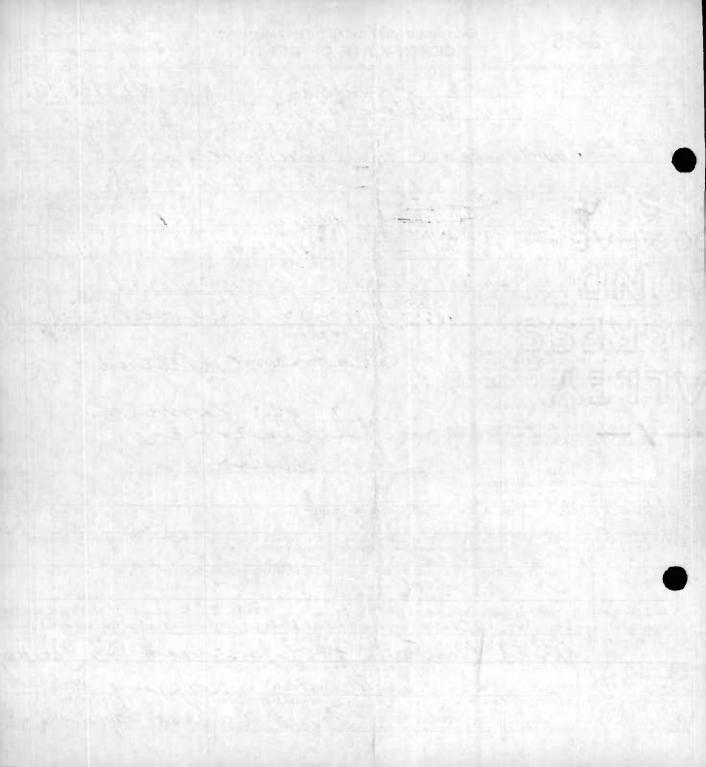
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BALTIMORE CITY HEALTH DEPARTMENT Registered No ... CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) MASSERMAN DEATH A 3. PLACE OF DEATH: RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland & ba B. COUNTY before admission) Daltimore B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township If rural, give location) D. STREET ADDRESS Mos. /Yonk c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In year: | | Under | Year | | If Under 24 Hours | last birthday) | Months: Days | Hours | Min. ANYORGED (Specify) Pma/e 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT SOUNTRY ail way 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) NMROWEN INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO RTIFICAT UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-CE TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., in or about home, farm, factory street, office bldg., etc.) 21A. ACCIDENT, SUICIDE. 21c. WHERE DID (If in Baltimore City, give exact location) (Specify) HOMICIDE INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WORK 19500 7/6 . 1972, that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on 1 25, 19 WO and that death occurred at 1 12 m., from the causes and on the date stated above. 3. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS M. D. 24C, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24B. DATE TION, REMOVAL (Specify Burial auchtery 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE PR 6 - 1950 Thursting to / thinguls inch VS 150 266



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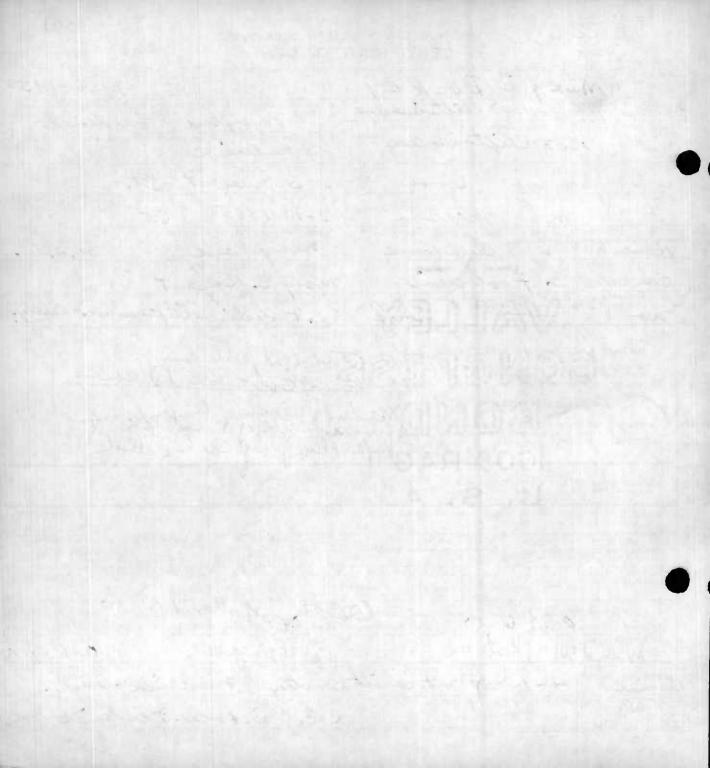
Physicians: please write the causes of death clearly and leginly.

correct age is especially important.

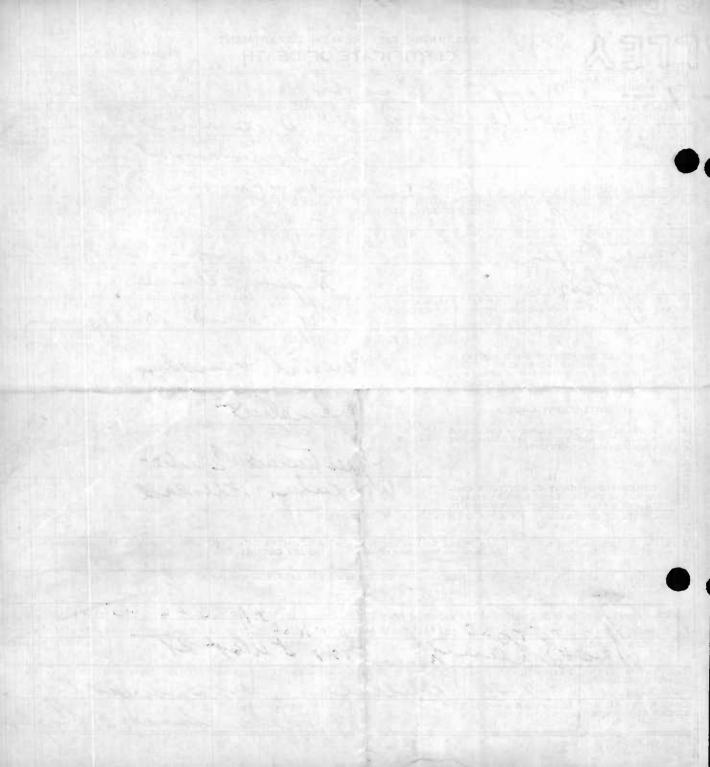
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BALTIMORE CITY HEALTH DEPARTMENT

В	RTH NO.			CERTIFI	CATE	E OF DEATH	Regist	ered No	
	NAME OF D 'ype or Print)	Mary 2	E. Bo	CKE	4		2. DATE OF DEATH	арг. 6	-1950
Α.	Baltimore (City, Maryland/3	03 Cli	Striew C	eve	4. USUAL RESIDENCE () A. STATE			efore admission)
H	OSPITAL OR	1303 C	n . n fin		location)	J. reserve	//		RURAL and give township)
		tay in Baltimore	6	mos	Yrs. Mos. Days	60-S. mack	rural, give loca	tion)	
5.	J J	6. COLOR OR RACE	WIDOW	MARRIED, ED, DIVORCED	(Specify)	3 -10 - 1885	9. AGE (In y last birthd	ears if Under 1 Ye ay) Months De	Hours Min.
1 C worl	done during most	CUPATION (Give kind of of working life, even if retired)	Oeur	11	S OR DUSTRY	11. BIRTHPLACE (State or f	oreign country)	_WH	TIZEN OF
13	Char	les E. 7	eder	Pene		14. MOTHER'S MAIDEN N	0		
15 (Ye	. WAS DECEAS , no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURIT		17. INFORMANT	1303 Clifto	ADDRESS	Balla.
ICATION	OISEASE	SE OR CONDITION LEADING TO DEA' a not mean the mode of the asthenia, etc. It mean complication which of ANTECEDENT CAUS SOR CONDITIONS, III HE ABOVE CAUSE (A) YING CONDITION LA	TH of dying, e.g. ons the discase caused death. EES F ANY, GIVIN STATING TH	(A) (M) DUE (FO)	hart Lack Market	reland faile	kent Di lingh wat Dif whin I	Seace Sport	SET AND DEATH
CERTIF	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D	V				
CAL	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF	F OPER	ATION		20 YE	O. AUTOPSY?
1EDIC		ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY			If in Baltimore	City, give exa	et location)
	F INJURY	(Month) (Day) (Year)			CCURRE OT WHILE	D 21F. HOW DID INJUR	Y OCCUR?		
	deceased a	22. I hereby certify that pattended the deceased from College 194, to Cyml 6, 1952, that I leceased alive on Charles 1950, and that death occurred at 10.45 Pm., from the causes and on the date st							I last saw the stated above.
	23A. GIGNA	eld W' M	wtza		4. D.	30 9 Evergree		a	nif //9
TIC	N. REMOVAL (S	4-16	0-50	1 - 0	oet .	Cemetery 71	edene	k - In	(State)
A	TE RECEIVE CAL REGIST PR 7 - 19		SSIGNATU	PER LIGHT		C. E. Cleur	ow. Fr	efere	k-ml.



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	50	3231			ALTH DEPARTMEN				
BI	RTH NO.		C	ERTIFICAT	E OF DEATH	Registered 1	0		
1. (T	NAME OF DECEASE ype or Print)	mon	1 E.	Clar	Re	2. DATE OF DEATH	150		
	PLACE OF DEATH: Baltimore City, M	aryland2	600	wow are	4. USUAL RESIDENCE A. STATE	(Where deceased lived. If B. COUNTY	institution : residence before admission)		
H	OSPITAL OR	If not in hospits	l or institution	n, give street address or location)	c. CITY OR TOWN	(If outside corporate limit	s. write RURAL and give		
1	STITUTION				Dutes	none D.	township		
c.	Length of stay in	Baltimore	75	Yrs. Mos. Days	2 16 Than	If rural, give location)	5.22-01		
5.	EX 6.COL	OR OR RACE	7. SINGLE.	MARRIED. D. DIVORCED (Specify)	8. DATE OF BIRTH 2/8/1871		f Under I Year If Under 24 Hours onths: Days Hours Min.		
10 work	A. USUAL OCCUPATI	life, even if retired)	108. KIND (OF BUSINESS OR INDUSTRY	11. BIRTHELACE (State of	r foreign/country)	12. CITIZEN OF WHAT COUNTRY		
13	FATHER'S NAME	Te !			14. MOTHER'S MAIDEN	NAME	71.00		
	John	n			Higgeris 0	ellen -			
(Yes	. WAS DECEASED EVER	IN U.S. ARMED , give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	My . en	is 206 g	DORESS		
	18. 443	Χ.		CAUSE	OF DEATH		INTERVAL BETWEEN		
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7	ANTEC	EDENT CAUS	ES	6	recelent				
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.								
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CERT	OTHER SIGNIFITED TRIBUTING TO THE DISEASE	E DEATH, BUT	NOT RELATED		culus c	leslace			
	19A. DATE OF OPER			INDINGS OF OPER	ATION		20. AUTOPSY?		
EDICAL	21a. ACCIDENT, SU	ICIDE	218 PLAC	E OF INJURY (e.g., i	a or 21c. WHERE DID	(If in Baltimore City.	YES NO L		
ED	HOMICIDE (Speci			m, factory, street, office bldg.,					
	1D. TIME (Month)	(Day) (Year)		E. INJURY OCCURR	ED 21F. HOW DID INJU	IRY OCCUR?			
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	deceased alive on	4-4			red at / Som., from				
	23A. SIGNATURE	13/	em	1/2	3B. ADDRESS Wells	x-RY	23c. DATE SIGNED		
24 TIC	BURIAL, CREMA-	24B. DATE	50 (C. NAME OF CEMETE	RY OR CREMATORY 24D	A The Seas !	, or county) (State)		
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	IRTH NO. 70-23 743		_ 0,		/			
	NAME OF DECEASED Type or Print)	N.E. Treller		2. DATE OF DEATH	150			
	Baltimore City, Maryland	Bellinove my	4. USUAL RESIDENCE (Who		tution: residence before admission)			
H	FULL NAME OF (If not in hospit OSPITAL OR ISTITUTION	tal or institution, give street address or location)		tside corporate limits, wr				
	0 1728 Luga	war.	Ballon	ns 3-1	03 township)			
C	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS Alf run	ral, give location	1-			
5	SEX 6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	AGE (In years If Under				
11	Finale Mr.	WIDOWED, DIVORCED (Specify)	11/2//49	(last birthday) Months				
wo	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country) 12.	CITIZEN OF WHAT COUNTRY			
	B. FATHER'S NAME	0.1	14. MOTHER'S MAIDEN MAN	E	0 0 0			
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) (Y	5. WAS DECEASED EVER IN U. S. ARME 16. no or unknown) (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMAND TELLE	U 172 8 Lig	ess sh			
	18. 7. [] X	CAUSE	OF DEATH		INTERVAL BETWEEN			
	DISEASE OR CONDITION			V	ONSET AND DEATH			
	(This does not mean the mode of dying, e.g., (A)							
	heart failure, asthenia, etc. It medinjury or complication which	ans the disease,						
11	ANTECEDENT CAU	SES	1 0		11			
NOIL	DISEASES OF COMPLETIONS	(B)	Meningocele		4 Tucos			
11 4	DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L	of any, giving of the due to ast.	ougenital and	maly.				
FIC			Inaution					
CERTIFICA	OTHER SIGNIFICANT COND	(C)	The state of the s	•••				
CEL	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED						
		198. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?			
V	AL ACCUPENT SWEET		Lot- WHERE DID	The Party of the Control of the Cont	YES NO			
MEDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		in Baltimore City, give	exact location)			
	21D. TIME (Month) (Day) (Year	(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?				
	OF INJURY	m. WHILE AT NOT WHILE						
	22. I hereby certify that I at	tended the deceased from G	pril 5, 19 50, to Cy	vil 5, 195 Och	at I last saw the			
1	deceased alive on	, 19 and that death occur	rred at 1.45 p.m., from the	causes and on the d	ate stated above.			
	23A. SIGNATURE	leisty M.D.	23B. ADDRESS 2 LANN,	Telton 123	6. DATE SIGNED			
2	4A. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)	24C, NAME OF CEMETE	RY OR CREMATORY 240-LOC	ATION (City, town, or co	ounty) (State)			
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	ATE RECEIVED BY REGISTRAR	SSIGNATURE,	25. FUNERAL DIRECTOR	AD	DRESS			
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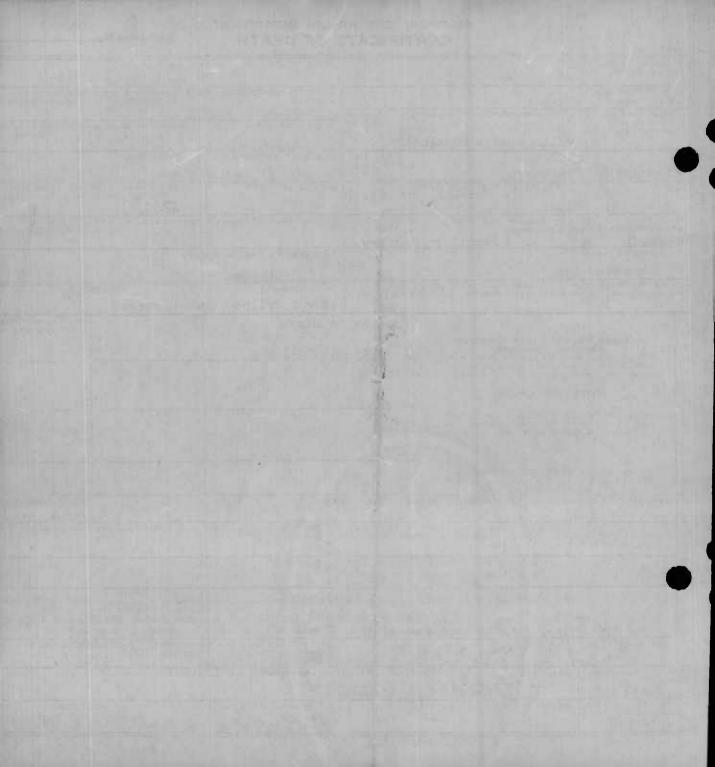
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ВІ	CERTIFICATE OF DEATH Registered No.							
	NAME OF D ype or Print)		, HASSETT		2. DATE OF April	5,1950		
	PLACE OF D Baltimore (EATH: City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If ins	titution : residence before admission)		
В.	FULL NAME		al or institution, give street address of	Maryland				
	STITUTION	057 MaV2	location	township)				
U	10	853 McKim	Yrs.	Baltimore D. STREET ADDRESS (If	rural give location)	-02		
c.	Length of s	tay in Baltimore	Mos. Days	OFF W-Wan (
5.	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours				
5. M	Male White		WIDOWED, DIVORCED (Specify Married	July 30,1879	70 Month	ns Days Hours Min.		
10 work	A. USUAL OC	CUPATION (Give kind of f working life, even if retired)	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
	Construc	tion Worker,	etired	Carroll Co.,		WHAT COOKINT		
13	FATHER'S N			14. MOTHER'S MAIDEN N				
15		hony Hassett	5000500 100 00000	Angeline Briti	ton			
(Yes	s, no or unknown)	D EVER IN U. S. ARME! (If yes, give war or date	of service) 16. SOCIAL SECURITY NO. 218-22-1829	Mrs Margaret Wil		RESS		
				<u> </u>	ison, too west 2	INTERVAL BETWEEN		
	18. 47	SE OR CONDITION		OF DEATH		ONSET AND DEATH		
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	heart failu	not mean the mode ore, asthenia, etc. It mes			+ nac			
	injury or complication which caused death.) DUE TO							
TION	ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST UNDERLYING CONDITION LAST							
. 은	RISE TO T	OR CONDITIONS, I	F ANY, GIVING STATING THE DUE TO	- + Surarie		I 10 yes		
11 -4 1	UNDERLY							
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Ü	TO THE D	ISEASE OR CONDITION	CAUSING IT					
A L	ISA. DATE O	F OPERATION O	98. MAJOR FINDINGS OF OPE	RATION		YES NO W		
DICAL	21A. ACCIDE	If in Baltimore City, give						
	HOMICIDE	(Specify)	about bome, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?				
Œ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
	MHILE AT NOT WHILE AT WORK AT WORK							
	22. I hereby certify that I attended the deceased from & april , 1950, to 4 april , 1950 that I last saw t							
	dcceased al	ive on 4 apr	, 19 50 and that death occu	rred at 4 3 m., from t				
	23A. SIGNAT	TURE 18		23B. ADDRESS	(20)	LAN SO		
24	4A. BURIAL.	CREMA- 248. DATE	M. D.	ERY OR CREMATORY 24D. L	OCATION (City, town, or			
TIC	4A. BURIAL, CON. REMOVAL (S Burial	1/8/50	New Cathadra		timora, Na ()			
	ATE RECEIVE	D BY REGISTRAR	S SIGNATURE	25. FUNERAL SIFECTOR		DDRESS		
11	DD 7 - 1		Jan 10 Market 1112	William Cook,	Inc., 1217 St.	Paul St.		
===	VS 150			10.		000		
II			488 V	9		729		

50 3235 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give ANDERS HOPKING HORSE INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | i Under 1 Year | I Under 24 Hours | Months Days | Hours | Min. 8. DATE OF BIRTH 10A. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY work demoduring most of working life, even if retired) WHAT COUNTRY RETERRA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Vanuas 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes-no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT **ADDRESS** (Yes no or unknown) SECURITY NO. INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 218 PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? YES L 21A. ACCIDENT, SUICIDE, (If in Baltimore City, give exact location) HOMICIDE 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE! WHILE AT 195 Q to_ 22. I hereby certify that I attended the deceased from. . 1920 that I last saw the 2950 And that death occurred at \$15 Pm., from the causes and on the date stated above. deceased alive on 45 -5

correct age is especially importar

23A, SIGNATURE

24A. BURTAL, GREMA-

THON REMOVAL (Specify

24B. DATE

DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE
LOCAL REGISTRAR

DO 7 - 150

PR NS 1500

MT. Carmel Walto. Md.

25. FUNERAL DIRECTOR

ADDRESS

WM Golf Inc. 1217 St. Paul f.

24C. NAME OF CEMETERY OR CREMATORY

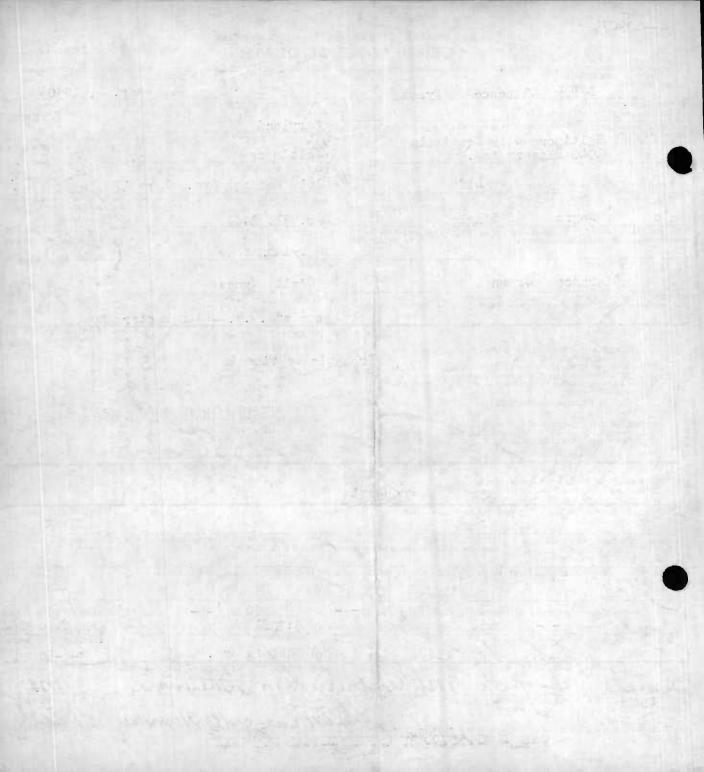
238. ADDRESSIANS HUPLINS

23C DATE SIGNED

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The state of the s			
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-20 B.C. 50 -06745 BALTIMORE CITY HEALTH DEPARTMENT 3236 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Larry Clarence DEATH ADr. 4, 1950 Tynes 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR Baltimore City Hospitals C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4940 Eastern Ave. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos 1618 Madison Ave. Zone 17 c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months; Days Hours: Min. 8. DATE OF BIRTH ft Under 24 Hours WIDOWED, DIVORCED (Specify) Male Negro Single Mar. 31, 1950 IOA. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clarence Brown Odell Tynes 15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yee, no or unknown) (If yes, give war or dates of service) SECURITY NO Records*B.C.H .-- 4940 Eastern Ave INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Probable Septicemia (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION APPROVED BY ERTIFICATION (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED Pneumonia TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION - 19B. MAJOR FINDINGS OF OPERATION 20 AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from 4-4-1950/to 4-4-. 1950, that I last saw the deceased alive on 1950, and that death occurred at 5:30 Pm., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 4940 Eastern Ave. 24A. BURIAL, CREMA-24B DATE 24c. NAME OF CEMETERY 240 LOCATION (City, town, or county) TON, REMOVAL (Specify) 0 DATE RECEIVED BY 125. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150 BY CHIEF MEDICAL EXAMINER



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lives, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or 640 HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give TIMOVE o. STREET ADDRESS (If rural, give location) Yrs. Mor. NILLAYD c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 9. AGE (In years) H Under 1 Yaar WIDOWED, DIVORCED (Specify) last birthday) Months! Days Hours! Min. 31 K412 10A. USUAL OCCUPATION (Glvekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? myshown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 202416 2 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO - wil was wer 102452 INTERVAL BETWEEN 18 AUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21c. WHERE DID

(Specify) about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 21F. HOW DID INJURY OCCUR? 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE! AT WORK . 1929 that I last saw the 22. I hereby certify that I attended the deceased from Agrician . 19 00 to 14 .. 1950, and that death occurred at 11. 21 km., from the causes and on the date stated above. deceased alive on 23A. SLOWATURE 23B ADDRESS

24C, NAME OF CEMETERY OR CREMATORY

1ARILW000

VS 150

24A. BURIAL CREMA-

TION, REMOVAL (Specify)

DATE RECEIVED BY

LOCAL REGISTRAR

D

24B DATE

0

REGISTRAR'S SIGNATURE

130E. +02

23C/DATE SIGNED

ADDRESS

24D. LOCATION (City, town, or jounts)

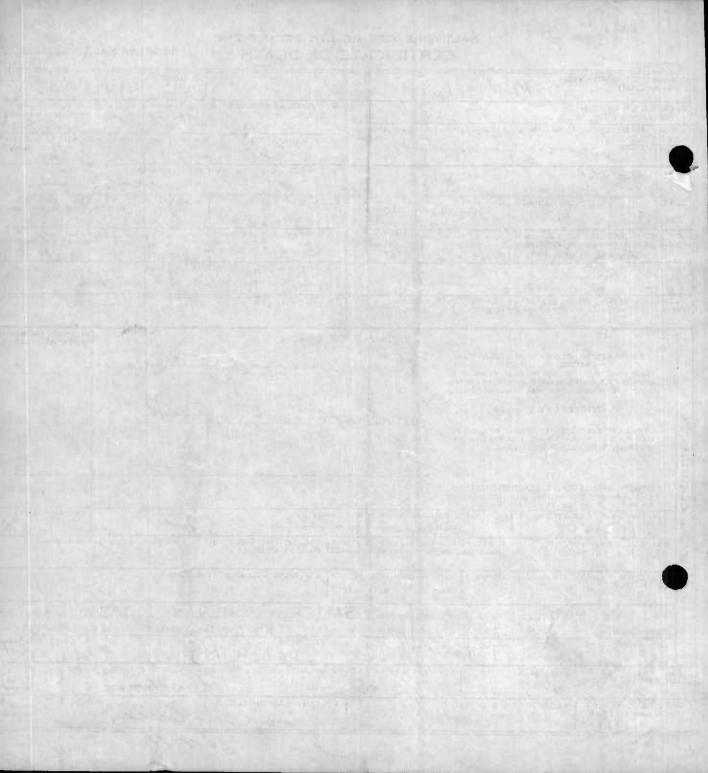
Daltimore

7357/5

Contributory pulmonary tuberculosis. Letter in document file 50-3237-7/27/50.

11 15-610

	50 3238	BALTIMORE CITY HE	ALTH DEPARTMENT	50	3238
		CERTIFICATE		Registered No.	
1	IRTH NO.				
	Sype or Print) LEOM.K	IRBY		2. DATE OF DEATH 4/4/	50
A.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (V	Where deceased lived. If inst	before admission)
	FULL NAME OF (If not in hospital or i	institution, give street address or location)		outside corporate limits, w	wite DUDAL and nive
	ETITUTION Morey H.	orgila	1 nt-	are 25	-04 township)
	Longth of stay in Politimans	Lefe Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	are.
	Length of stay in Baltimore SEX [6, COLOR OR RACE] 7. S	Days	8. DATE OF BIRTH		r 1 Year II Under 24 Hours
		VIDOWED, DIVORCED (Specify)	may 6, 1883	last birthday) Month	s Days Hours Min.
1C wor	k done during most of workinglife each if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f.		WHAT COUNTRY
13	B. FATHER'S NAME	sel Co. (ret)	14. MOTHER'S MAIDEN N	AME	4211
	. James Ke	ily	anna de		
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FOR 16. no or nnknown) (If yes, give war or dates of ser	CES? M6. SOCIAL SECURITY NO.	17. INFORMANT	ADDI	RESS
	18. / J J X ,	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRE			- 11+	ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dy)		worr - on	well Vale	
	heart failure, asthenia, etc. It means the	e disease,		0	
	injury or complication which caused	d death.) DUE TO		^	
	ANTECEDENT CAUSES			Dark	
TION	DISEASES OR CONDITIONS, IF ANY	(B)			
Ē	RISE TO THE ABOVE CAUSE (A) STAT		0		
FICA	UNDERLYING CONDITION LAST.				
Ē	II	_(C)	•••••••••••••••••••••••••••••••••••••••		
RT	OTHER SIGNIFICANT CONDITION	IS CON-		Invalid Europe	
R	TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU				
		MAJOR FINDINGS OF OPER	ATION	0,5+	20. AUTOPSY?
A L	413150	Carinon	- Orgallo	Valer	YES NO
EDIC		1B. PLACE OF INJURY (e. g., in ut home, farm, factory, street, office bldg., e		If in Baltimore City, give	exact location)
	1D. TIME (Month) (Day) (Year) (Hou	ir) 21E. INJURY OCCURRI	ED 21F, HOW DID INJUR	V OCCUR?	
	of INJURY (Month) (Day) (Tear) (Hou		ZIF, HOW DID INSOR	1 OCCORT	
		m. WORK AT WORK L			
	22. I hereby certify that I attende	ed the deceased from 3	13 50 , 19 , to	414 , 1950	hat I last saw the
	deceased alive on 4/4, 19	50 and that death occur	red at 2.05 H.m. from t	he causes and on the	date stated above
	23A. SIGNATURE		3B. ADDRESS	/ 2	3c. DATE SIGNED
	Choques	Keet J. M. D.	maring 1	tosp.	414150
2	4A. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY 240. L	OCATION (City, town, or	county) (State)
1	13 4 - 7 - J	0 Holy (10,	ss 2	DAHIMORG	Ξ
	ATE RECEIVED BY REGISTRAR'S SIG		25 FUNERAL DIRECTOR) al	DDRESS
-	OCAL REGISTRAR	it of intraversity	Lucian La	y Touce,	
-	10 F			- n/	
	W vs 150	98853	13. E. T.	at Hys.	46F



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		0000	BALT	TIMORE CITY H	SEALTH DEPARTMEN	TI JU	ひんむひ
	50	3239		CERTIFICAT	E OF DEATH	Registered N	0
ВІ	RTH NO.						
	NAME OF I	DECEASED	10	0		2. DATE A C	-1950
()	ype of Trint)	MAR	EY C.	BROWN		DEATH	
	PLACE OF				4. USUAL RESIDENCE	(Where deceased lived, If i	nstitution : residence before admission
_	FULL NAME	City, Maryland	al or institutio	n, give street address	- 110	B. COOKI 1	berote admission
H	SPITAL OR	OF (II not in nospit	as of institutio	location		(If outside corporate limits	, write RURAL and giv
IV	NOITUTITE	2277 GI	SHUKE	Fru DVIIV	BALTO	111.	_ / township
7		2751 40	CHUIN	Yrs		(If rural give location)	-01
	The same of the sa		1		I SEAC Q		
		stay in Baltimore		IFE Day		OLTON ST.	
5.	SEX	6. COLOR OR RACE	7. SINGLE.	MARRIED, D, DIVORCED (Special	8. DATE OF BIRTH	9. AGE (In years	Under I Year If Under 24 Hours ths: Days Hours Min.
	F	W		GLE	MAY 31.185	2 97	
10	A. USUAL O	CCUPATION (Give kind of	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF
worl	done during most	of working life, even if retired)		INDUSTR	MO		WHAT COUNTRY
12	. FATHER'S	NAME			14. MOTHER'S MAIDEN	LAIANE	0.5
1.5	, FAIHERS	NAME			14. MOTHER'S MAIDEN	^	
	WIL	LIAM K	ROWI	1	MARY	CAUGHY	
15 (Ya	. WAS DECEAS	SED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT	AI	DDRESS
(10	N CO CONTROL	(1) year give war or date	of service)	SECURITY NO.	GUSAN P. R	11PMS 1419	PARK AUF
	18. 4/2	- 1		CALICE	OF DEATH	01/19 1 111	INTERVAL BETWEEN
	-/ "	7 1		CAUSE	OF DEATH		ONSET AND DEATH
	DISEA	SE OR CONDITION LEADING TO DEA		W.	linas det.	-	Gradual
		es not mean the mode of	f dying, e.g.,		youru	Q	arcet
		ure, asthenia, etc. It mea complication which c			Mirea seler	m	
							THE RESERVE OF THE PARTY OF THE
		ANTECEDENT CAUS	SES				
Z	DISEASE	S OR CONDITIONS, I	F ANY, GIVING			*********************	
F		THE ABOVE CAUSE (A)		DUE TO			
S	ONDERE	TING CONDITION EX	.511	(C)			
ERTIFICATIO						•	
E	OTHER	SIGNIFICANT COND	TIONS CON				
EF	TRIBUTIN	IG TO THE DEATH, BUT	NOT RELATED				
O		DISEASE OR CONDITION					1.00 11/7000
ب	19A. DATE	OF OPERATION	9B. MAJOR	FINDINGS OF OP	ERATION		20. AUTOPSY?
A			1			(Te t D lat Cit	YES NO
EDICAL		DENT WAS UNDER-		CE OF INJURY (e. g rm,factory,street,office bld		(If in Baltimore City, g	rive exact location)
F	CAUSE OF	DEATH					
3		(Month) (Day) (Year	(Hour) 2	1E. INJURY OCCUP	RED 21F, HOW DID INJ	URY OCCUR?	
	F INJURY			HILE AT NOT WHI	-FC		
			m.	WORK AT WOR		01:11	
		by certify that I at	tended the a	leceased from	rely 2, 1940, to		that I last saw th
	deceased of	alive on 4-51	, 19 0. a	nd that death occ	urred at / Mm., fro	m the causes and on th	ne date stated above
	224 6164	11 111	1		238 ADDRESS		230 DATE SIGNED

GREENMOUNT

24D. LOCATION (City, town, or county)

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY
LOCAL REGISTRAR

4-8-1956 G ing liquid 11%.

INS & SONS CO. YORK

1403 FARK AVE

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Can the research a larger to for to perture the stranger and and C ZARATEDE. CHICA YOU P. H.

BALTIMORE CITY HEALTH DEPARTMENT

50 3241

В	IRTH NO.			CERTIFICAT	E OF DEATH	Registere	d No.
1.	NAME OF D		- /			2. DATE OF	1-1
-	PLACE OF D	Eliza	E. VI	enKins	II a nouse process	DEATH 4	5/50
A.	Baltimore (City, Maryland			A. STATE	CE (Where deceased lived. B. COUNTY	
	FULL NAME OSPITAL OR	OF (If not in hospi	tal or institut	ion, give street address o	c. CITY OR TOWN	(If autoido comovata li	
II	ISTITUTION	Harlem	Ave		Balto.	(11 outside corporate in	mits, write RURAL and give township)
	1011	730114//	// / /	Yrs.	D. STREET ADDRES	S (If rural, give location)	(3)
		tay in Baltimore		20 Mos. Days	1614 H	arlem Ave	
5	SEX	6. COLOR OR RACE		E. MARRIED. ED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years	Months: Days Hours: Min.
	F	C		dowed	Dec. 28. 186		
10 wor	A. USUAL OC	CUPATION (Give kind of working life, even if retired	I 10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (Sta	te or foreign country)	12. CITIZEN OF WHAT COUNTRY
	Housen			INDUSTR'	1/0.		U.S.A.
13	B. FATHER'S				14. MOTHER'S MAIL	EN NAME	
	Edwar	d Robin	1502		Annie	Dundo	
15 (Ye	. WAS DECEASE	D EVER IN U. S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	N D		,	none	Mrs L: 11:2 M	Darnos 16	14 Novlem Avi
	18. 4/	Λ X			OF DEATH	J	INTERVAL BETWEEN
	- /	SE OR CONDITION	DIRECTLY		3	1	ONSET AND DEATH
	(This does	LEADING TO DEA	ATH of dying, e. s	3., (A)	Mus condition	Metry Sneuff eren	1948
	heart failu	re, asthenia, etc. It me complication which	ans the diseas	e,			
z		ANTECEDENT CAU		(B)			
은	DISEASE:	S OR CONDITIONS,	IF ANY, GIVIN	IG			
CA	UNDERLY	YING CONDITION L	AST.				
E				(C)			
RTI	OTHER S	!! SIGNIFICANT COND	ITIONS CO				
CE	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D Q I At	esis- Pelevers, Hy	esteriain Humiples	is 1948
_	19A. DATE O	F OPERATION	19B. MAJOR	FINDINGS OF OPE	RATION	7	20. AUTOPSY?
CA						No. 1 Political City	YES NO
EDI	HOMICIDE	(Specify)		ACE OF INJURY (e. g., arm,factory,street,office bldg.			y, give exact location)
Z							
	OF INJURY	(Month) (Day) (Year		21E. INJURY OCCURF		NJURY OCCUR?	
	-		m.	WHILE AT NOT WHILE AT WORK			
	22. I hereb	y certify that I at			1948,		50, that I last saw the
	deceased al		1950.			rom the causes and or	n the date stated above.
	23A. SIGNA	TURE	. 0	1,	23B. ADDRESS		23C. DATE SIGNED
-	4a. BURIAL, (CREMA- 24B. DATE	al T	M. D.	1424 E MONA	24D. LOCATION (City, to	wn, or county) (State)
TI	ON, REMOVAL (S	pecify)	1 1	NAMBIOF CEMET	- CHICK GREMATORY	L COCATION (City, to	a If a man
_	Burna	4/8/50		only 14	uc k	tulleston, 1	Pallo. Co. IIIA
	ATE RECEIVE		'S SIGNATU	THE (125. FUNERAL DAN	F 1 -	ADDRESS

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Balts. md. 1926

THE HOLD AND AND A STREET

1	1- (///)		ALTH DEPARTMENT	Registered No.	1010
ВІ	RTH NO.				
	NAME OF DECEASED (ppe or Print)	Stee	ele	OF OF Opril	6- 195
A.	Baltimore City, Maryland . Long	ngton I	4. USUAL RESIDENCE (Who A. STATE Marula	ere deceased lived. If inst	titution : residence before admission
H	OSPITAL OR OGEL COMEN	location)	C. CITY OR TOWN (If or	utside corporate limits, w	rite RURAL and giv
	d aged Mens JY	omes	Salle	more /	100
lc.	Length of stay in Baltimore	Yrs. Mos. Days	1400 W. Leslin	ral, give location)	Freet
5. V	SEX 6. COLOR OR RACE 7. SINGLE. WIDO'RE.	MARRIED. D. DIVORGED (Specify)	Jely 16, 1862	9 AGE (In years if Under last birthday) Month	er Year If Under 24 Hours Min
	A. USUAL OCCUPATION (Give kind of today a done during most of working life, even if retired)	BUSINESS OR INDUSTRY	Marylan	ign country) 12	CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME	1	14. MOTHER'S MAIDEN NAM	AE 2/	.1
15 Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? s, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Q. H.	Read ADD	RESS
ATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A)	terisselletic Head	et Disease	INTERVAL BETWEE ONSET AND DEAT
CERTIFIC	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
AL	19A. DATE OF OPERATION 19B. MAJOR F	INDINGS OF OPER	ATION		YES NO
1EDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, far CAUSE OF DEATH	E OF INJURY (e. g., in m,factory,street,office bldg.,e		in Baltimore City, give	exact location)
2	INJURY	E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
	22. I hereby certify that I attended the d		1948, to A.	Ri/ 6 1050	that I last saw to
	deceased alive on AR, 5, 1950, as	eceasea from	mad at 2 st P m from the	e causes and on the	
	23A. SIGNATURE Edward DA	Y .M.D.	38. ADDRESS 4 · E - 33 · J H		23c. DATE SIGNE

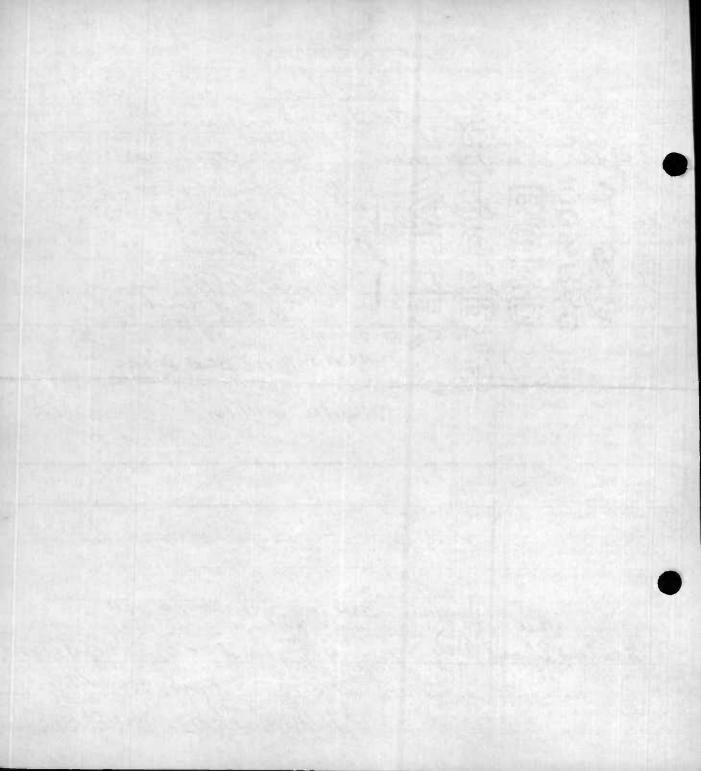
24B, DATE

JON, REMOVAL (Specify)

DATE RECEIVED BY REGISTRAR'S SIGNATURE

25. PUNGHAL DIRECTOR

ADDRESS



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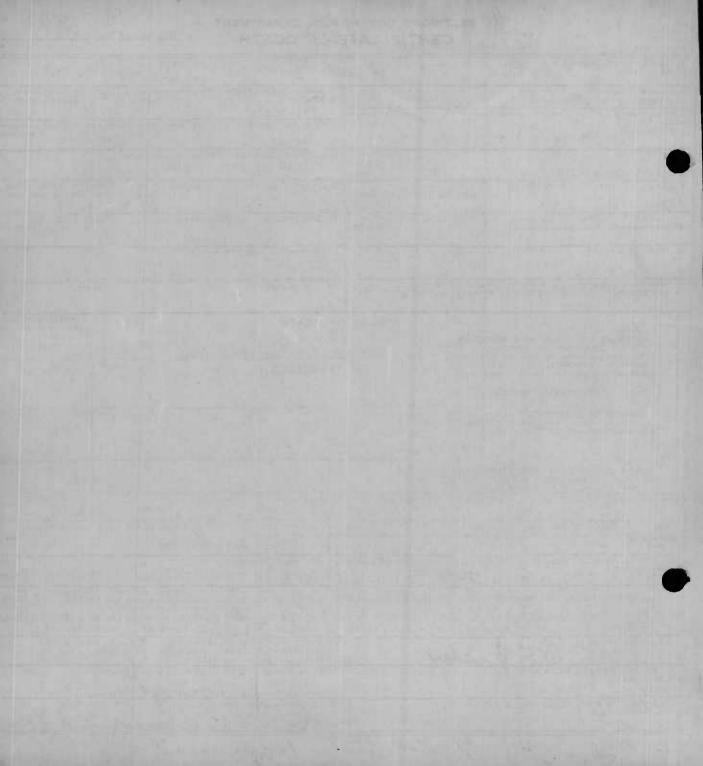
BALTIMORE CITY HEALTH DEPARTMENT

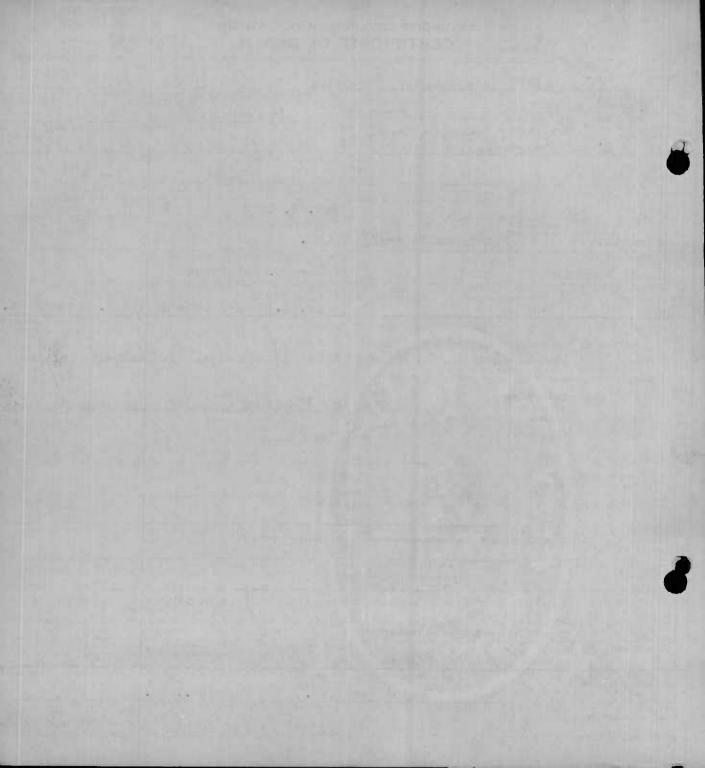
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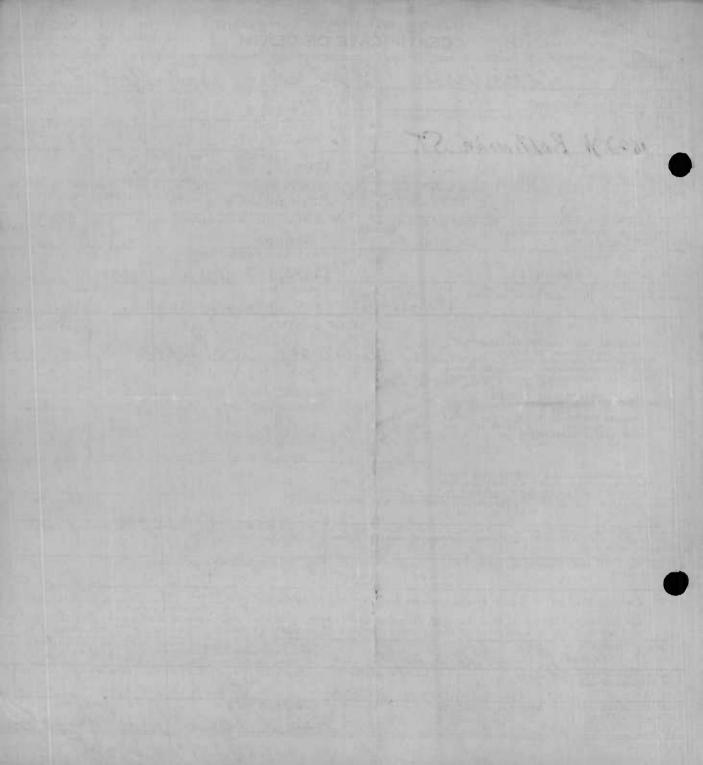
CERTIFICATI	E OF DEATH Registered No.
BIRTH NO.	
(Type or Print) Haze Gertrude Tucke	2. DATE OF DEATH 4-7-50
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or	mary and Calvert 540
HOSPITAL OR INSTITUTION INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
Moital for Women of Manyland	triendship
Y	D. STREET ADDRESS (A rural, give location)
c. Length of stay in Baltimore Days	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	9. AGE (In years last birthday) Months Days Hours Min.
IOA. USUAL OCCUPATION (Givekinder 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
work done during most of working life, eveo if retired) INDUSTRY	Colvert Co. Md WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Benjamin Ward	Mamie Hardesty
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, oo or ooknowo) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
(Laston of Control of	V .
CAUSE CAUSE	OF DEATH
	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	A deal Nine
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	mallo peace produce
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	4.1.11.
	6. Tehnleton 1 1 yr. +
DISEASES OR CONDITIONS, IF ANY, GIVING	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CON-	March Library
[2]	Heart Farmer // yeeks
(c)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE OBATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	yearin inex
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20, AUTOPSY?
7	YES NO
2 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., i	in or 21c. WHERE DID (If in Baltimore City, give exact location)
A HOMICIDE (Specify) about home, farm, factory, atreet, office bldg.,	etc.) INJURY OCCUR?
	TO ALL HOW BID WHILEY COCKED
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	
m. WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 4	6, 1950, to 4-7, 1950, that I last saw th
deceased alive on 4-7, 1950, and that death occur	and at 1 = 10 hm from the arrives and on the date stated above
23 SIGNATURE A A A	28B. ADDRESS I. A A A 1 23C. DATE SIGNED
Dolers of Smith, &	23B. ADDRESS Hop. In wome 7 W. Bulle. W. 23C. DATE SIGNED 47.
24A. (BURIAL, CREMA-) 24B, DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
TION, REMOVAL (Specify) N/9/50 FRIEND - HIS	
20000	25. FUNERAL DIRECTOR ADDRESS
DATE RECEIVED BY REGISTRAR'S SIGNATURE	
120 7 1050	HUTCHINS & SON. OWINGS, MD.
VS 150	
	u E C

G-420 50 324	BALTIMORE CITY HE		5(Registered N	3244	
1. NAME OF DECEASED (Type or Print)	JAN CLO	SE	2. DATE Apri	1 6, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (V	I DEATH		
B. FULL NAME OF (If not in hospit HOSPITAL OR INSTITUTION Maryland Ge	al or institution, give street address or location) eneral Hospital Yrs. Mos.	Maryland c. CITY OR TOWN (II Baltimore D. STREET ADDRESS (IF 1829 Linden	rural, give location)	, write RURAL and give	
5. SEX 6. COLOR OR RACE White	Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		Under 1 Year If Under 24 Hours this Days Hours Min.	
Mele White 10A. USUAL. OCCUPATION (Give kind of work doos during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
15. WAS DECEASED EVER IN U. S. ARMEI (Yes, no or unknowo) (If yes, give war or date) FORCES? 16. SOCIAL s of service) SECURITY NO.	17. INFORMANT	AD	DRESS	
DISEASE OR CONDITION LEADING TO DEA' (This does not mean the mode of heart failure, asthenia, etc. It mea injury or complication which of ANTECEDENT CAUSE DISEASES OR CONDITIONS. RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	rit dying. e. g., (A) Carbo ns the disease, aused death.) DUE TO	n monoxide poison	ning	ONSET AND OEATH	
THE OTHER SIGNIFICANT CONDI	NOT RELATED				
U 19A. DATE OF OPERATION 1	98. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?	
21A. EXTERNAL CAUSE WAS PRIMARY A OR CONTRIBUTING CAUSE OF DEATH	218. PLACE OF INJURY (e. g., io about home, farm, factory, street, office bldg., et home		If in Baltimore City, gi		
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Found in room with door chinked and at work 22. I certify that I took charge of the remains described above, held an thereon an thereon and the thereon and					
Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes □, accident □, suicide ☒, homicide □, undetermined □.					
23A. SIGNATURE 24A. BURIAL, CREMA- 24B, DATE TION, REMOVAL (Specify)	Fisher M. 24c. NAME OF CEMETER	238 CHIEF MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGAT RY OR CREMATORY 240.	EXAMINERX 230 EXAMINER	2. DATE SIGNED 4-7-50 pr county) (State)	
	S SIGNATURE Sta	25. FUNERAL DIRECTOR Howard. K. M Les Passers	clomat. N	ADDRESS arford Com	





ВІ	K-323 874 NO. 3246		EALTH DEPARTMENT E OF DEATH	50 Registered No.	32:16	
(T	NAME OF DECEASED ype or Print)	nastasios K	atsetos	2. DATE OF DEATH DEATH Here deceased Fed. If inst	J 1950 itution: residence before admission)	
B. He	OSPITAL OR	ital or institution, give street address or location)		outside corporate limits, w		
1	Length of stay in Baltimore	10 yrs. Mos. Days	1602 W. Balti	more St.		
5.	SEX 6.COLOR OR RACE	7. SINGLE, MARRIED. WIDDWED DIVOICED (Specify	June 6 1889	9. AGE (In years) If Unda last birthday) Months	Days Hours Min.	
wor	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired Bartender FATHER'S NAME		Greese 14. MOTHER'S MAIDEN NA		CITIZEN OF WHAT COUNTRY	
	George katseto	S	XXXXXXXGeorg			
15 (Ye	. WAS DECEASED EVER IN U. S. ARM , no or upknown) (If yes, give war or da	tes of service) SECURITY NO	17. INFORMANT	ADD	RESS	
	No	282-10-340	Mary Katsetos	1602 W. Ba	1to. St.	
RTIFICATION	LEADING TO DE (This does not mean the mode heart failure, asthenia, etc. It m injury or complication which ANTECEDENT CAU DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION) II OTHER SIGNIFICANT CON	of dying, e.g., eans the disease, caused death.) JSES IF ANY, GIVING A) STATING THE LAST. (A)	nonary occi	userx		
Ш	TRIBUTING TO THE DEATH, BU TO THE DISEASE OR CONDITION	ON CAUSING IT.				
U	19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?	
EDICAL	21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,		f in Baltimore City, give		
MI	21D. TIME (Month) (Day) (Year OF INJURY	r) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE MORK AT WORK		OCCUR?		
	22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes Accident , suicide , homicide , undetermined . 23B. CHIEF MEDICAL EXAMINER					
2.	4A. BURIAL, CREMA- 24B. DATE DN, REMOVAL (Specify)		RY OR CREMATORY 24d. LC			
HOJ S	Surial 4/8/5	O Greek Ortho	25. FUYERAL DIRECTOR	uttume Md	thess france	
II VS	5 151	7/07/	940/18 (N.	M. Coyal	1 AND	

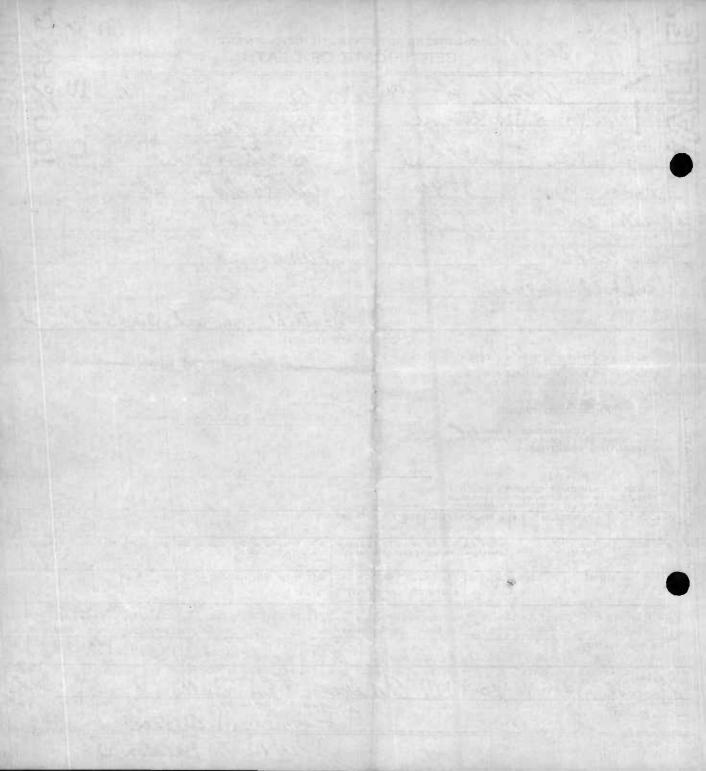


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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR (If outside corporate limits, write RURAL and give INSTITUTION (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 9. AGE (In years If Under | Year H Under 24 Hours last birthday) Months: Days Hours: Min. Widow IOA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY uso liky IK9 ma FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknowo) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUF TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT WHILE WORK acu 23 1950 to + 190 0 that I last saw the 22. I hereby certify that I attended the deceased from T 190 4 Pm., from the causes and on the date stated above. and that death occurred at_ deceased alive on 23B. ADDRESS 23A. SIGNATURE 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B DATE 24c. NAME OF CEMETERY OR CREMATOR 24D. LOCATION (City, town, or county) (State DATE RECEIVED BY 25 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

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BALTIMORE CITY HEALTH DEPARTMENT

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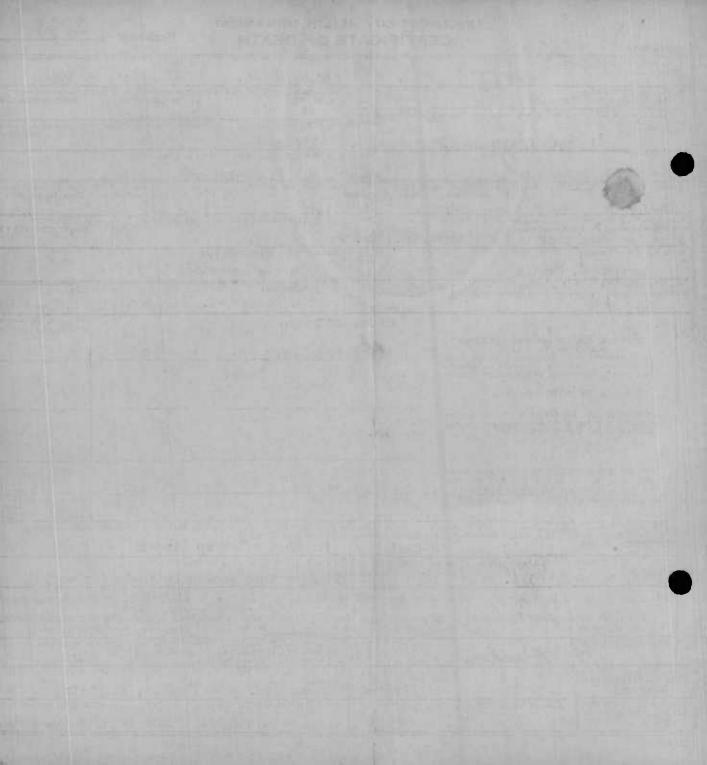
BIRTH NO.50 3248	CERTIFICAT	E OF DEATH	Registered N	0
1. NAME OF DECEASED (Type or Print) HAF	WEY E.	HAMILTON, JR.	2. DATE OF DEATH April	7, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF Of not in hospits		4. USUAL RESIDENCE (A. STATE Virginia		nstitution : residence before admission)
HOSPITAL OR INSTITUTION	location)	C. CITY OR TOWN (I	If outside corporate limits	, write RURAL and give
South Balt	imore General Hosp. Yrs.	Arlington D. STREET ADDRESS (I	f rural, give location)	
Length of stay in Baltimore	Mos. Days	8/3 S. Gebe		
6. COLOR OR RACE Male White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	B. DATE OF BIRTH		Under 1 Year If Under 24 Hours aths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumbing Inspector	Arlington Co., Va.	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Harvey E. Hamilton	n	Carrie Books		
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Dorothy 1		DDRESS 43 S.Glebe Ro
DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which complete the state of the	DIRECTLY H dying, e.g., (A) Fractuments the disease, aused death.) DUE TO	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA UNDERLYING CONDITION LA UNDERLYING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	STATING THE DUE TO ST. (C) (C) TIONS CON- NOT RELATED			
	BB. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	218. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg., o Street	Foot of Sha	If in Baltimore City, gi	
2 1D. TIME (Month) (Day) (Year) OF INJURY April 7, 1950 1 A.	WHILE ATE NOT WHILE			(driver)
22. I certify that I took chargethe evidence obtained by	ge of the remains described a said Autopsy, Inspection or I resulted from: natural causes	bove, held an Insp. Autopsy. Inquiry, find that said d	Inquiry Inspection or Inquiry deceased died on the Inspection of Inquiry deceased died on the Inspection of Inquiry Inspection of In	thercon and from
24a. BURIAL, CREMA- TION, REMOVAL (Specify) Removal 4-7-50	24C. NAME OF CEMETE	RY OR CREMATORY 24D. L		r county) (State)
DATE RECEIVED BY REGISTRAR'S		25. FUNERAL DIRECTOR WILLIAM J. TIOKN		ADDRESS 1706

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VS 151

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correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT Registered No 3249 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATHOUR erman 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balta Yrs. D. STREET ADDRESS (If rural, give location) Mos. 9. AGE (in years c. Length of stay in Baltimore 1802 n. Davs 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 5. SEX 8. DATE OF BIRTH If Under 1 Year last birthday) Months: Days Hours Min. mou 23 1885 69
11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Charffen Poti 14. MOTHER'S MAIDEN NAME 9 ones 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO 802 n. Cares Jones INTERNAL BETWEEN CAUSE OF DEATH 42011 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES usire, caroles - vasculus DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT AT WORK Gree 5, 1950 that I last saw the 19 Kg, to_ 22. I hereby certify that I attended the deceased from_ deceased alive on Spril 5, 1950, and that death occurred at 45 m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 4.60.50 24A. BURIAL, CREMALTION, REMOVAL (Specify) 24B. DATE 24C NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 4-8-50 Burrow DATE RECEIVED BY UNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR mutuator / Michille 1815

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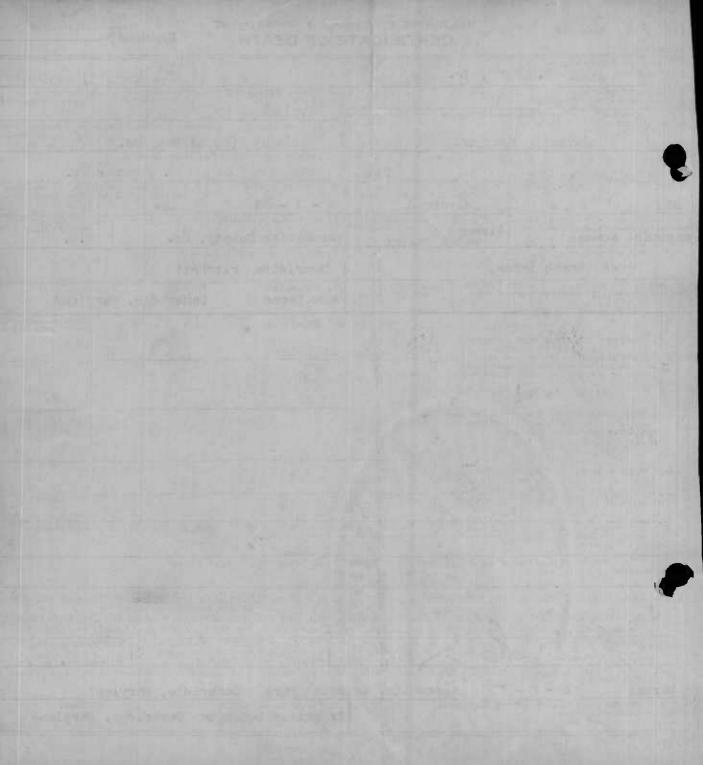
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BALTIMORE CITY HEALTH DEPARTMENT

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BIRTH NO.	CERTIFICAT	E OF DEATH	H Registered	No.
1. NAME OF DECEASED (Type or Print) JAMES F. HERNE, J.	r.		2. DATE OF DEATH ADD	il 5, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF the notion hospital or institute.	ution tripo at your address on	A. STATE	NCE (Where deceased lived, I	lf institution : residence before admission)
HOSPITAL OR INSTITUTION	location)	C. CITY OR TOWN		its, write RURAL and give
University Hospita	Yrs.		SS (If rural, give location)	7 7 01
WIDO	21 Days LE. MARRIED. WED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hours Months Days Hours Min-
10A. USUAL OCCUPATION (Givekindof) 10B. KIN	ivorced OF BUSINESS OR	9 - 1 - 03	tate or foreign country)	12. CITIZEN OF
ork done during most of working life, even if retired) Piremerchant seaman 13. FATHER'S NAME	ter tender	Dorchester C		U.S.
James Frank Herne		Henrietta		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Omro Herne	Cambridge, 1	ADDRESS Maryland
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the diser injury or complication which caused dea ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING TUNDERLYING CONDITION LAST.	ase, (A) Acute th.) DUE TO	alcoholism		
OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING	TEG ,			
	R FINDINGS OF OPER			20. AUTOPSY?
	_ACE OF INJURY (a. g., in a, farm, factory, street, office bldg., a			give exact location)
210. TIME (Month) (Day) (Year) (Hour) FINJURY m.	2 IE. INJURY OCCURRI	ED 21F. HOW DID	INJURY OCCUR?	
the evidence obtained by said Augand death in my opinion resulted	topsy, Inspection or I	'nguiry, find that	utopsy, Inspection or Inquiry said deceased died on t	the day stated above
23A. SIGNATURE	× M	238, CHIEF MEI ASSISTANT ME D. MEDICAL INVE	DICAL EXAMINER 2 2 DICAL EXAMINER 2 4 F	April 6, 1950
24A BURIAL, CREMA- TION, REMOVAL (Specify) burial 4 - 8 - 50	Dorchester Mem		24d. LOCATION (City, town	
DATE RECEIVED BY REGISTRAR'S SIGNAT LOCAL REGISTRAR	URE	25. FUNERAL DIRE	CTOR	ADDRESS e. Maryland

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	5	0 3251	BAI		EALTH DEPARTMENT	Registered N	
ВІ	RTH NO.			CERTIFICAT	E OF DEATH	A Registered IV	0.
	NAME OF D	ECEASED		4.4.4		2 DATE	1 1
		Thom	as B	surch Attra		DEATH 4	7/50
	Baltimore (EATH: City, Maryland	Baltin	iere Md	A. STATE	Where deceased lived. If i B. COUNTY	nstitution ; residence before admission)
8.	FULL NAME			tion, give street address or		A,A,	1200
	STITUTION			location)	c. CITY OR TOWN (I	If outside corporate limits	, write RURAL and give township)
1	1	Lnion Ma	novial	Hospital	DEVERNA	PAYK	
	Tamadh . C.	A		0 Mos.	1 12	f rural, give location)	4
	Length of s	tay in Baltimore	E 7 SINGI	Days Days	8. DATE OF BIRTH	9. AGE (In years)	Under 1 Year If Under 24 Hours
	Male	U. COLOR OR RAC	WIDOV	VED, DIVORCED (Specify	10.00	last birthday) Mor	ths Days Hours Min.
10		CUPATION (Give kind		DOF BUSINESS OR	MA4 13 1877	72 yrs.	12. CITIZEN OF
worl	done during most	of working life, even if retire	d)	INDUSTRY		oreign country)	WHAT COUNTRY
13	FATHER'S	chasina ageni	MACHIA	ve shop thoover	14. MOTHER'S MAIDEN N	IAME	U. 3.A.
	T		A+1.			-	
15	WAS DECEASE	ED EVER IN U. S. ARM	ED FORCEST	16. SOCIAL	Sarah Ell		
(Ye	s, no or nuknown)	(If yes, give war or de	tes of service)	SECURITY NO.	17. INFORMANT		DDRESS
u	MEHOWE				Avarilla AT	They - Sai	INTERVAL BETWEEN
	- / -	1001			OF DEATH		ONSET AND DEATH
		SE OR CONDITION LEADING TO DE	ATH	0/1/1	mardiel . to	stim.	
	(This does heart failu	not mean the modere, asthenia, etc. It m	e of dying, e. leans the diseas	g., (A)	J. V. V. V. J.		
-		complication which					
_		ANTECEDENT CA	USES	Coro	new thrambos	le	
0	DISEASE	S OR CONDITIONS	IF ANY, GIVI	(B)			
AT	UNDERLY	THE ABOVE CAUSE (A) STATING T LAST.	HE DUE TO		, , .	
FIC	Moran C			antin	isschrotie heart	- distase	
		II					
ERTI		SIGNIFICANT CON G TO THE DEATH, BU			the xidne le	10	
U		F OPERATION			RATION	/V	20. AUTOPSY?
AL	107, 07,12		102, 112,001				YES X NO
DIC		ENT, SUICIDE,		ACE OF INJURY (e. g.,		(If in Baltimore City, g	ive exact location)
Ē	HOMICIDE	(Specify)	about nome,	farm, factory, street, office hldg.	etc.) INJURY OCCUR?		
	21D. TIME	(Month) (Day) (Yes	r) (Hour)	21E. INJURY OCCURE	ED 21F. HOW DID INJUR	Y OCCUR?	
	OF INJURY		m.	WHILE AT NOT WHILE			
	22 I hough	as acceptification that I a		deceased from Me		4 pril 7 1957	that I last saw th
	deceased a			and that death occu	rred at 12 m. from	the causes and on th	,
	23A. SIGNA				23B. ADDRESS	· / 11. +	23c. DATE, SIGNED
	op	: A: Cox.	32,1	м. D.	I wan wew	and Asstray	4/7/50
	AA. BURIAL. (S			24c. NAME OF CEMETI	ERY OR CREMATORY 240. 1	LOCATION (City, town,	or county) (State)
B	urial	4-10-	-50	Louden Vark	Cemeters Fred	Rd. Balto.	md.
	ATE RECEIVE	D BY REGISTRA	R'S SIGNATI	URE	25. FUNERAL DIRECTOR	1 0	ADDRESS
		اد د دادادی	V = 1 480 1	lious, Mi	John O. Mitchell	- 15mo 1900 Eu	itaw Place
100	7 L. 7 L. 6						

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gistered No	

CEPTIFICATE OF DEATH Registered No.								
BI	RTH NO.	0 3252		CERTIFICATE	E OF DEATH	Registered No		
	NAME OF D	ECEASED	1	The state of	2. DATE OF			
GORDON LARUE SANDERS					DEATH April 7, 1950			
3. PLACE OF DEATH: A. Baltimore City, Maryland					4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR US Marine Hospital					C. CITY OR TOWN (If outside corporate limits, write RURAL and give			
IN	STITUTION		,		S. Portsmouth \/-/5 township)			
man Pk. Drive & 31st Street					D. STREET ADDRESS (If rural, give location)			
c. Length of stay in Baltimore Mos.								
5. SEX 6. COLOR OR RACE 7. SING			7. SINGLE WIDOW	MARRIED. FED, DIVORCED (Specify) Married	10/20/10	9. AGE (In years last birthday) Mont	ths Days Hours Min.	
	A. USUAL OC	CUPATION (Give kind of	11. BIRTHPLACE (State or fo	preign country)	2. CITIZEN OF			
work	doneduring most	of working life, even if retired)	SALLE	n industry	Kentucky USA		WHAT COUNTRY?	
13	. FATHER'S				14. MOTHER'S MAIDEN NAME			
Aris Sanders					Blanche Hitch			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL. (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.					17. INFORMANT ADDRESS			
(Yes	WW 2		278-18-7094	Records- US Ma	rine Hospital	, Balto, Md.	
						INTERVAL BETWEEN		
	LEADING TO DEATH				inte disease		8 mose	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,							
	injury or complication which caused death.) DUE TO							
	ANTECEDENT CAUSES							
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
FIC				(C)		***************************************		
E	OTHER SIGNIFICANT CONDITIONS CON-							
E	TRIBUTING TO THE DEATH, BUT NOT RELATED						THE RESERVE	
U	19a. DATE OF OPERATION 2 198. MAJOR FINDINGS OF OPERA				ATION	***************************************	20. AUTOPSY?	
AL							YES NO	
EDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give of about home, farm, factory, street, office bldg., etc.)							
-	210 TIME	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	Y OCCUR?		
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK AT WORK							
	22. I hereby certify that I attended the deceased from Mar. 12 , 1949, to Apr. 7 , 1950, that I last saw the							
	deceased a	deceased alive on 1950, and that death occurred at 3:05 Am, from the causes and on the date stated above.						
23A. SIGNATURE 23B. ADDRESS D.W. Patrick, Medical Officer in Charge US Marine Hospital, Bal							23c. DATE SIGNED	
	D.W. Pa.	trick, Modica.	al, Balto, Md.	4/7/50				
2. T)	BURIAL.	Specify) 4 4	57/1	24C. NAME OF CEMETE	RY OR CREMATORY 240.	OCATION (Chy Town,	r county) (State)	
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR () APDRESS								
APR 8-1930 REGISTRARS SIGNATURE								
	VS 150	Timet	B	1/3491	11 3000		443	
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THE REPORT OF THE PARTY OF THE MARIE HOLD . PLOUS. 7 (12) the tip is a second of the sec

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) // 2. DATE DEATH 4. USUAL RESIDENCE (Where deceased lived, If Institution : residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A STATE B FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write BURAL and give INSTITUTION township) (If rural, give location) O. STREET ADDRESS Yrs. Mos. Varmo lue c. Length of stay in Baltimore Davs # Under 1 Year 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) 9. AGE (In years) 8. DATE OF BIRTH last birthday) Months; Days Hours; Min. Harch, 22, 1903 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Marysana arhenter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Walter Me 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS 17. INFORMANT (Yee, no or nnknown) (If yes, give war or dates of service) SECURITY NO. Choy 4010 Bateman ave. INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DHE TO 103 11 RT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION A 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES NO (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT, SUICIDE, (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from 2/25 . 1950, to_ . 1950, that I last saw the . 1950 , and that death occurred at 7 30 A.m., from the causes and on the date stated above. deceased alive on_ 23B. ADDRESS 23c. DATE SIGNED 23A, SIGNATURE 24A. BURIAL, CREMA- 24. DATE TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 240, LOCATION (City, town, or county) Mt. Blivet Frederick, Burial 4-10-50 ADDRESS

25. FUNERAL DIRECTOR

metropor / Manis, M. M.R. Etchison & Son Frederick. Md. VS 150

REGISTRAR'S SIGNATURE

DATE RECEIVED BY

LOCAL REGISTRAR

ne unello

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1	r 0 B	COLUMN TO A STATE OF THE STATE			EALTH DEPARTMEN	Registered I	50 3254
	RIH NO.	254		CERTIFICAT	E OF DEATH		10.
1. (T	NAME OF Dippe or Print)	Martha Martha	E. Mi	itchell		2. DATE OF DEATH Apr	11 5/50
A.		City, Maryland			4. USUAL RESIDENCE A. STATE	(Where deceased lived, If B. COUNTY	institution : residence before admission
	SPITAL OP			ion, give street address or location)		(If outside corporate limit	ts, write RURAL and give
	1 Northern	930 Wilhel	Lm St.		Baltimore	20	0-03 township
		tay in Baltimore	Life	Yrs. Mos. Days	1930 Wilhe		
	male	6.COLOR OR RACE	7. SINGLE	E. MARRIED. (SD, DIVORCED (Specify)	1	67 66	If Under 1 Year II Under 24 Hours on the Days Hours Min.
10 corl	A. USUAL OC	CUPATION (Give kind of working life, even if retired	Own h	O OF BUSINESS OR INDUSTRY	Balto. Md.	r foreign country)	12. CITIZEN OF WHAT COUNTRY
	FATHER'S N				14. MOTHER'S MAIDEN		
Sa	muel B.	Whiteford			Mary B. Carne	S	
15 (Yes	. WAS DECEASE	D EVER IN U. S. ARME (If yes, give war or dat	D FORCES? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
					Charles W. Mi	tchell 1930	Wilhelm St
	DISEAS (This does heart failu	SE OR CONDITION LEADING TO DEA inot mean the mode are, asthenia, etc. It me complication which	ATH of dying, e. : ans the diseas	E., (A)	rmong throw	bu-	ONSET AND DEAT
Z	DISEASES OR CONDITIONS, IF ANY, GIVING						
FICATION	RISE TO T						
FIC				(C) /V=	, Kertensin		10 /2
ERTI	TRIBUTING	II SIGNIFICANT CONE S TO THE DEATH, BUT	NOT RELAT	ŁD .			
U.		F OPERATION		FINDINGS OF OPER	RATION		20. AUTOPSY?
AL		me					YES NO L
EDICA	HOMICIDE	ENT. SUICIDE. (Specify)	about home,	ACE OF INJURY (e. g., i farm,factory,atreet,office bldg.,	or 21c, WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
	21b. TIME ((Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	JRY OCCUR?	
			m.	WHILE AT NOT WHILE	or. 3 / 1950, to_		
	22. I hereb	Agr. 5, 195					
	deceased a		1,100	and that death occu		n the causes and on t	he date stated above
	23A. SIGNAT	(Mas.	mon	. M. D.	1933 W. Ball	s. Br.	14/7/50
Bu	n REMOVAL S	April 8	1	oudon Park.	The second secon	ick Rd. Balt	
D	ATE RECEIVE	D BY REGISTRA	'S SIGNATI		25 FUNERAL PRECTO		ADDRESS

DATE RECEIVED BY LOCAL PEGISTRAR 1950

VS 150

4101 Edmondson Ave.

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ADREST - LOyels . OTHER MERIDIAN STRUCK

42 1 50 3255

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3255

В	RTH NO.	-00		02.11.11.10711	z o. zcam			
	NAME OF D ype or Print)		s E.	Blackburne	2. DATE OF DEATH April 5/50			
A.		City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)			
B. He	FULL NAME OSPITAL OR STITUTION	ill Edgewood		tion, give street address of location				
c.	Length of s	tay in Baltimore		Yrs. Mos. Days	511 dgewood &t.			
-	male	6.COLOR OR RACE	Wido	E, MARRIED. WED, DIVORCED (Specify	8. DATE OF BIRTH May 26,1871	9. AGE (In years birthday)	II Under I Year Under 24 Hours onths Days Hours Min.	
1C	A. USUAL OC	CUPATION (Give kind of if working life, even if retired)	Own H	OME INDUSTRY	11. BIRTHPLACE (State or f	foreign country)	12. CITIZEN OF WHAT COUNTRY?	
F	ichard	Davis			14. MOTHER'S MAIDEN N	IAME		
15 (Ye	. WAS DECEASE n, no or unknown)	D EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT ISS Lena Black		Edgewood St.	
	(This does	SE OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It me	TH of dying, e.	g., (A)	OF DEATH	lency	interval setween onset and death	
RTIFICATION	DISEASE: RISE TO T UNDERLY	complication which ANTECEDENT CAUS S OR CONDITIONS, HE ABOVE CAUSE (A) YING CONDITION L II GIGNIFICANT COND	SES IF ANY, GIVI STATING 1 AST.	(B)Hype	rtensive arterios			
L CE	TO THE D	TO THE DEATH, BUT	CAUSING		RATION		20. AUTOPSY?	
EDICA	21a. ACCIDE HOMICIDE	ENT. SUICIDE. (Specify)	218. PL about home	ACE OF INJURY (e. g., farm, factory, street, office hidg.		If in Baltimore City,	give exact location)	
	21b. TIME (OF INJURY	Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURE WHILE AT NOT WHILE WORK AT WORK		Y OCCUR?		
1		ive on 4/5/	tended the		7. 1944, to 4, rred at 11.55P M. from 1236. ADDRESS 3030 Edmondson A	the causes and on	5Q that I last saw the the date stated above. 23c. DATE SIGNED 4/7/1950	
TI	4A. BURIAL. C ON REMOVAL (S ITIAL	pecify)	/50	24c. NAME OF CEMETI Lorraine Par		LOCATION (City, tow.		
L	APR 8 -	RAR 1950 REGISTRAR	Sem 111.	URE Cliams, AL	Parry H lines	24101 Edmo	address	
-	VS 150				1		0 = >	

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Registered No. CERTIFICATE OF DEATH BIRTH NO NAME OF DECEAS 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased Aved. If institution: residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give township) STREET ADDRES Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 9. AGE (in years) WIDOWED, DIVORCED (Specify last birthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Givekind of IOB. KIND OF BUSINESS OR I I BIRTHPLACE (State or foreign country 12. GITIZEN OF ting life, on if retired) INDUSTRY 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 18. CAUSE OF 450.0 DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) RTI OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION | 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE . 1950, to APRIL 4 , 1950, that I last saw the 22. I hereby certify that I attended the deceased from JAN. deceased alive on APRIL 3 1950 and that death occurred at 1 A_m., from the causes and on the date stated above. 23A SIGNATURE 23B. ADDRESS 23c. DATE SIGNED WASHINGTON BLUD, -30 4c. NAME OF CEMETERY OR CREMATORY 2,00 LOCATION (City town, or equnty) muanuel REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADD REGISTRAR VS 150

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22. I hereby certify that I attended the deceased from hear 10

23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify)

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

deceased alive on APRILS, 1950, and that death occurred at 1:30 Pm., from the causes and on the date stated above,

24c. NAME OF CEMETERY OR CREMATORY

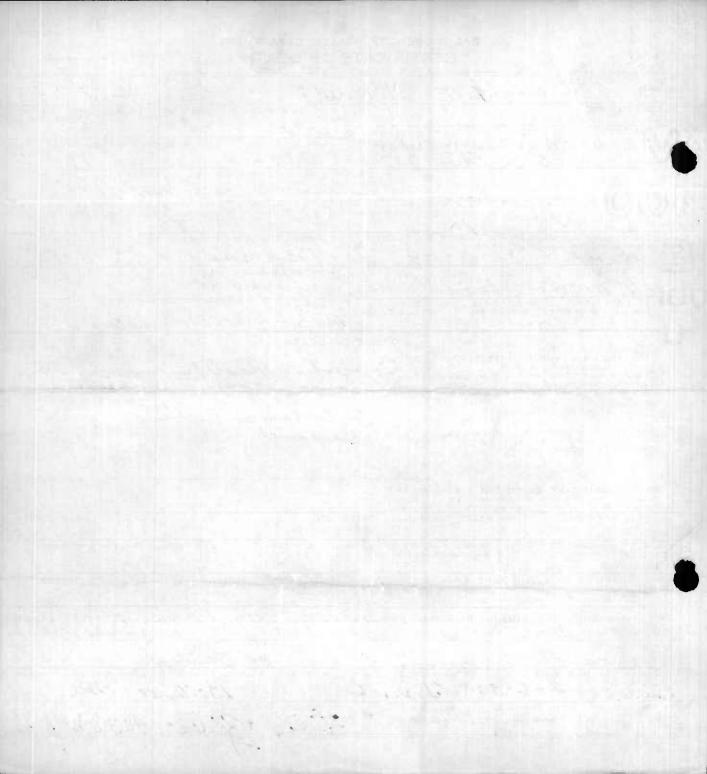
23c. DATE SIGNED

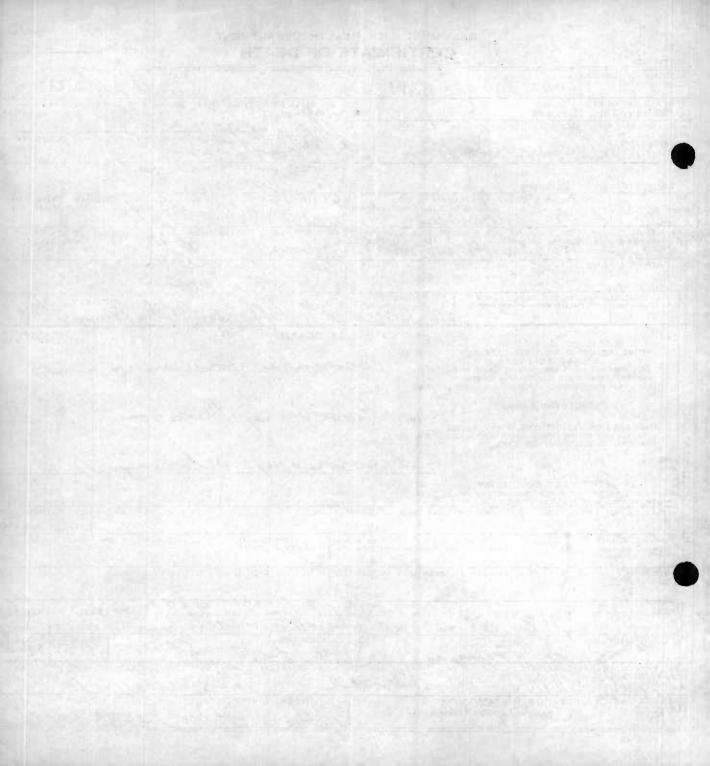
ADDRESS

VS 150

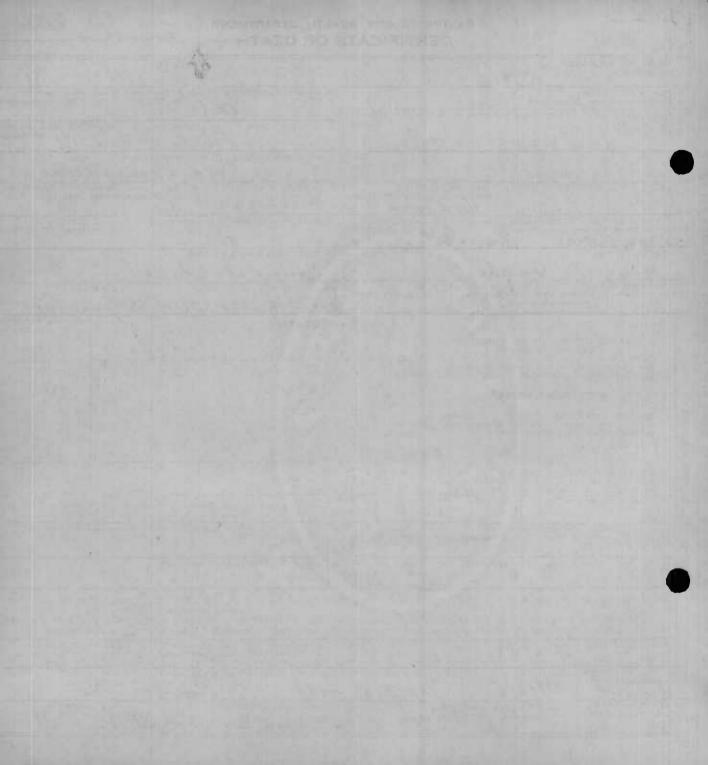
1. Jurial DATE RECEIVED BY

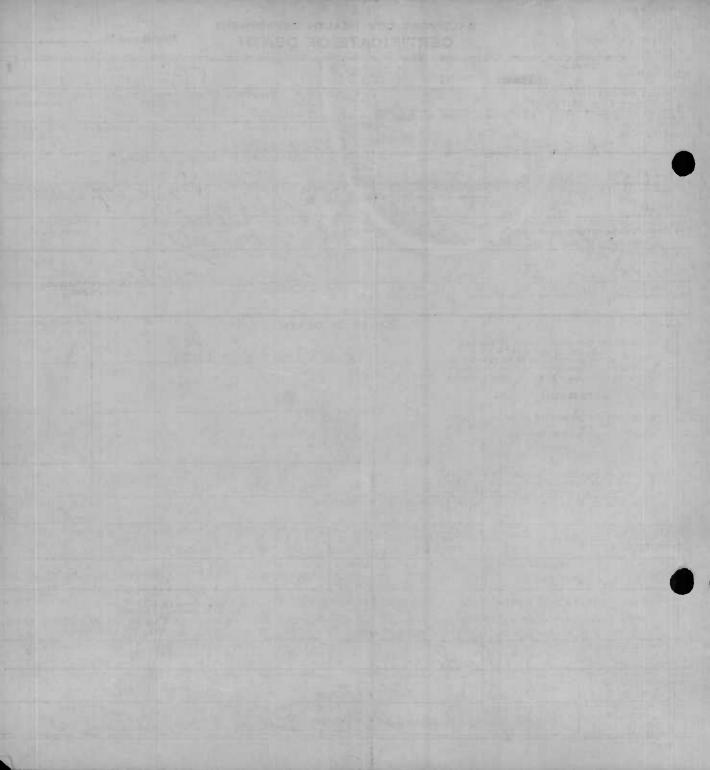
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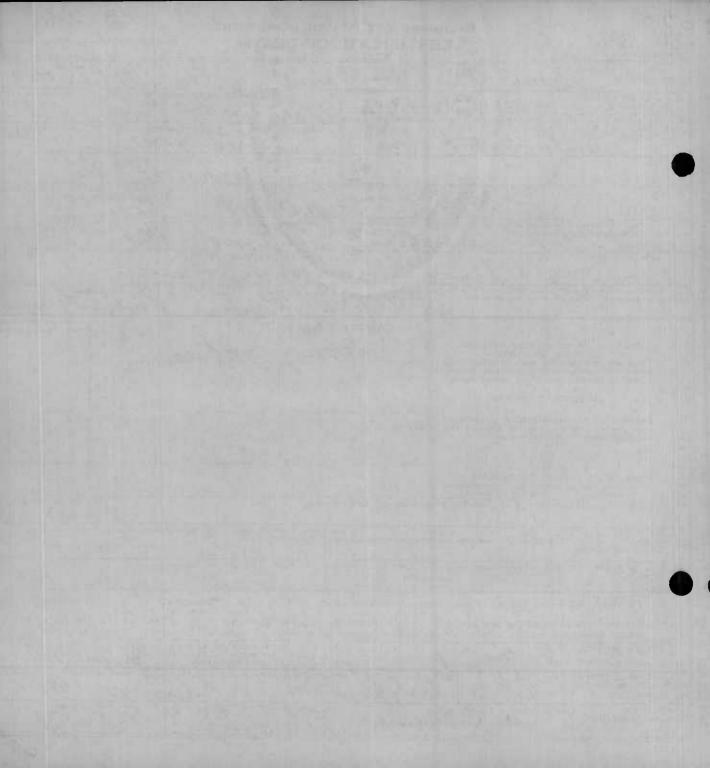


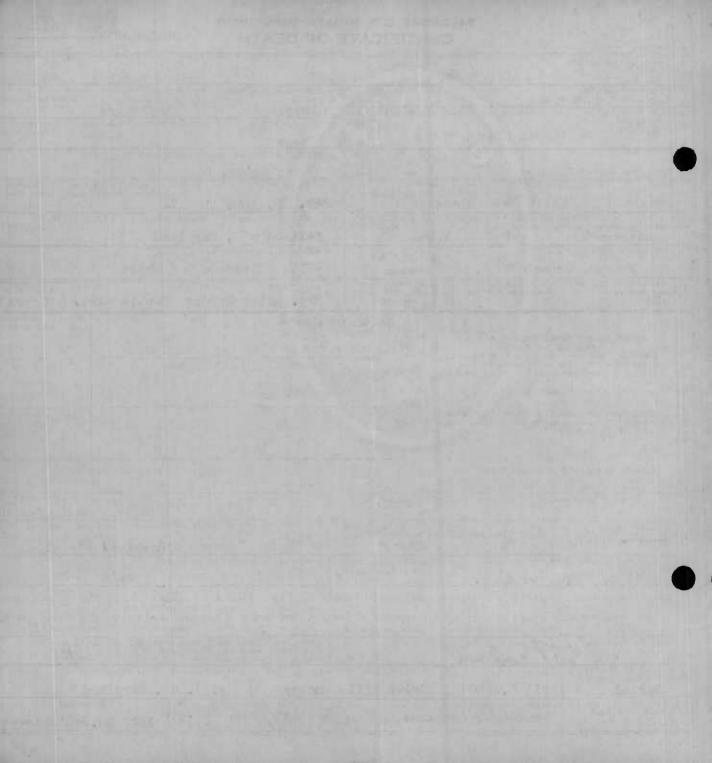
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4 USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) ('f not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION Memorial Yrs. D. STREET ADDRESS Mos. Length of stay in Baltimore Days 5. SEX 6. COLOR DE RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years | ff Under I Year | ff Under 24 Hours | Instituted | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY onbustion (o transfitter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES! 16. SOCIAL (Yes, no pr unknown) SECURITY NO. CAUSE OF DEATH 18. 420 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY NO CA 21A. EXTERNAL CAUSE WAS PRIMARY DR CONTRIBUTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK 22. I certify that I took charge of the remains described above, held an . thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [, accident], suicide], homicide], undetermined]. 23A. SIGNATURE 238 CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL CRESSA 24B, DATE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) noshec, owson DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR butte for / Maura, Me 105 VS 151

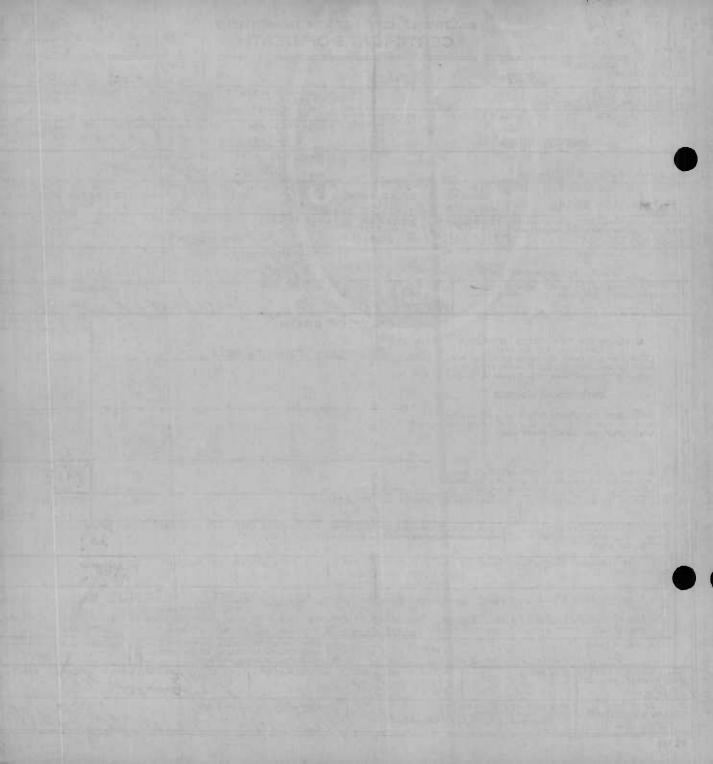




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	5		E OF DEATH	Registered No.	13 Frat 3 Am				
7	1. (T)	NAME OF DECEASED NONAS R. COMM	4 JISUAL RESIDERCE (W)	2. DATE OF OF OPEN OF DEATH OF	7 - 1950				
	A. B. I	PLACE OF DEATH: Baltimore City, Maryland /56/ Look word Rord FULL NAME OF (If not in hyspital or institution, rive street address or loogstion)	Maryland	B. COUNTY 7 Poutside corporate limits, w	before admission)				
y.		STITUTION 561 Lockmond Coad Yrs.	D. STREET ADDRESS OF THE	more	township)				
legibl		Length of stay in Baltimore Days SEX 16 COLOR OF RACE 7. SINGLE, MARRIED.	1561 Toch	9. AGE (In years) It Under	1 Year If Under 24 Hours				
and		m w Marrie (Specify	Sett 10-1877	last birthday) Months	Days Hours Min.				
Serly	19	A. USUAL OCCUPATION (Give Kind of 108. KIND OF BUSINESS OR INDUSTRY) A USUAL OCCUPATION (Give Kind of 108. KIND OF BUSINESS OR INDUSTRY) A USUAL OCCUPATION (Give Kind of 108. KIND OF BUSINESS OR INDUSTRY) A USUAL OCCUPATION (Give Kind of 108. KIND OF BUSINESS OR INDUSTRY) A USUAL OCCUPATION (Give Kind of 108. KIND OF BUSINESS OR INDUSTRY) A USUAL OCCUPATION (Give Kind of 108. KIND OF BUSINESS OR INDUSTRY) A USUAL OCCUPATION (Give Kind of 108. KIND OF BUSINESS OR INDUSTRY) A USUAL OCCUPATION (Give Kind of 108. KIND OF BUSINESS OR INDUSTRY) A USUAL OCCUPATION (Give Kind of 108. KIND OF BUSINESS OR INDUSTRY) A USUAL OCCUPATION (Give Kind of 108. KIND OF BUSINESS OR INDUSTRY) A USUAL OCCUPATION (Give Kind of 108. KIND OF BUSINESS OR INDUSTRY) A USUAL OCCUPATION (Give Kind of 108. KIND OF BUSINESS OR INDUSTRY) A USUAL OCCUPATION (Give Kind of 108. KIND OF BUSINESS OR INDUSTRY) A USUAL OCCUPATION (Give Kind of 108. KIND OF BUSINESS OR INDUSTRY) A USUAL OCCUPATION (Give Kind of 108. KIND OCCUPATION (Give Kind occupation (Give Kind occupation (Jack State or for	e ma	CITIZEN OF WHAT COUNTRY?				
ath c	13	EATHER'S NAME	14. MOTHER'S MAIDEN MA	else.					
of dea		. WAS DECEASED EVER IN-U. S. ARMED FORCES? (If yes, give war or dates of service) [If yes, give war or dates of service] [If yes, give war or dates of service]	17/10 Confe	I finelin	Stockney				
causes		18.420 CAUSE	OF DEATH		INTERVAL BETWEEN				
the c		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., (A)	Tronary Occlu	sind					
write		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	,						
	z	ANTECEDENT CAUSES (B)							
please	ATIO	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
Physicians:	IFIC	II The state of th							
hysic	ERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			Loc AUTODOVA				
	L	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION		YES NO K				
important.	EDICA	21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING About home, farm, factory, street, office hidg.		in Baltimore City, give	exact location)				
y imp	ME	21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURF OF INJURY OF INJURY WHILE AT NOT WHILE AT WORK		OCCUR?					
especiall		22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from							
		the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural cause	Inquiry, find that said de	ceased died on the c □. homicide □, und	eterminea .				
age is		Welliam & Helfret	238. CHIEF MEDICAL E ASSISTANT MEDICAL E M.D. MEDICAL INVESTIGATO	EXAMINER	ATE SIGNED				
	24	BURIAL CREMA- 248. DATE 24C. NAME OF CEMET	None 2	allumore	county) (State)				
correct		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 PUNERAL DIRECTOR	1217/10 AI	noness				
	= VS	APR 8 - 1950	Marrie M.	940	1				
				1 1					







5	0 326	4		TE OF DEATH	Negistered No	3264
1.	NAME OF D ype or Print)	ECEASED	ie Wettig		2. DATE OF April (5/50
Α.		ity, Maryland		4. USUAL RESIDENCE (V		
H	SPITAL OR	eneral Ger	man Aged Peoples	1	f outside corporate limits, w	rite RURAL and give
	H	ome, 22 S.	Athol Ave. Yrs. Mos	D. STREET ADDRESS (If	rural, give location)	
-	Length of s	tay in Baltimore	60 yrs. Day			ı i Yenı II Under 24 Haus
	Female	W.	WIGOWED, DIVORCED (Specif	Sept. 8, 1875	9. AGE (In years of finder Months)	Days Hours Min.
worl	A. USUAL OC done during most of NONE	CUPATION (Give kind of f working life, even if retired	1 10B. KIND OF BUSINESS OR INDUSTR	Hessen, German		CITIZEN OF WHAT COUNTRY
	Andreas			Katharine Ado		
		D EVER IN U. S. ARME (If yes, give war or date	D FORCES? es of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	22 S. Athol	ve.
ERTIFICATION	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) Chronic Cardiac Dilitation Un DUE TO BUILTIPLE Sclerosis. Un (C) (C)					
U		F OPERATION	N CAUSING IT.	ERATION		20. AUTOPSY?
IEDICAL	21A. ACCIDE HOMICIDE	ENT. SUICIDE, (Specify)	218. PLACE OF INJURY (e. g. about home, farm, factory, street, office bld;		If in Baltimore City, give	YES NO exact location)
	21D. TIME OF INJURY	Month) (Day) (Year	(Hour) 21E. INJURY OCCUR WHILE AT NOT WHILE TO MAKE AT WORK	E	Y OCCUR?	
B	4A. BURIAL, ON REMOVAL (SUITAL) ATE RECEIVE COAL REGIST	CREMA 248. DATE April	24c. NAME OF CEME	933 Hours	OCATION (City, town, or clawn, Md.	County) (State)
	VS 150				57	(7)

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BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO. . NAME OF DECEASED 2. DATE (Type or Print) DEATH April 6/50 William H. Shultz 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) Mil. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 2535 W. Lafayette Ave. township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 2535 W. Lafayette Ave. Life c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE I 7. SINGLE, MARRIED 9. AGE (In years) Il Under I Year Months Days Hours Min. Married DIVORCED (Specify) Jan. 14.1898 Male White 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF Salesman Hood Rubber Court Md. WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ----Shultz Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs. Mary C. Shultz, 2535 W. Lafay NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY coroney thumbsis (Sudden), LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (Specify) HOMICIDE about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE . 19 that I last saw the 22. I hereby certify that I attended the deceased from Alvil 6 1950 to Cl . 19 and that death occurred at / A.m., from the causes and on the date stated above. deceased alive on_ 23c, DATE SIGNED 23A SIGNATURE 23B. ADDRESS 24C. NAME OF CEMETERY OR April 8/50 New Cathedral Old Frederick Rd ADDRESS REGISTRAR'S SIGNATURE 25 FUNERAL DURE DATE RECEIVED BY LOCAL REGISTRAR Thurtington / Missis, 1 4101 Edmondson Ave.

VS 150

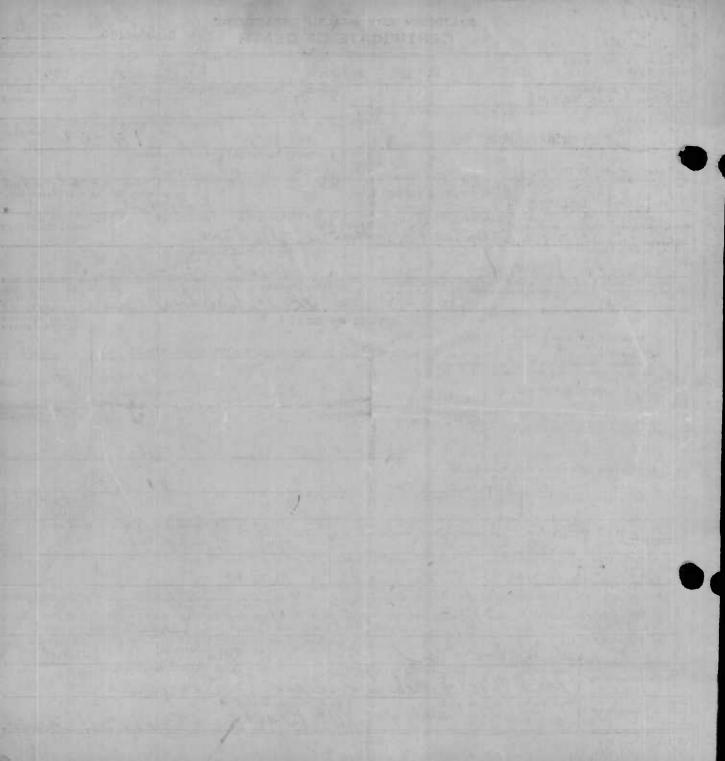
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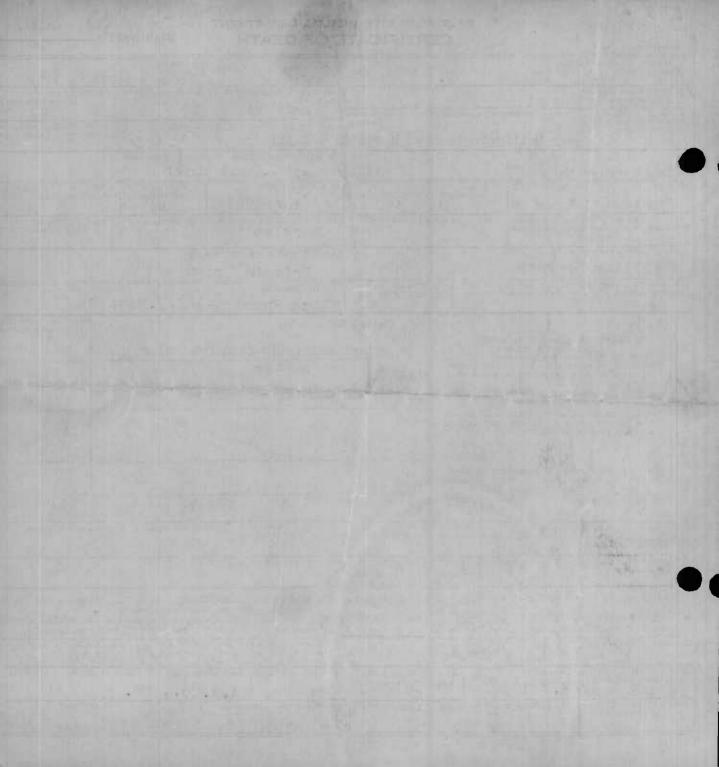
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) MOSES S. RODGERS OF April 6, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) of not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Provident Hospital Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 1368 Whatcoat Street Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years It Under I Year last birthday) Months Days Hours Min. If Under 24 Hours WIDOWED, DIVORCED (Specify Male Colored 3 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of work dependence most of working life, event it retired) 11. BIRTHPLACE (State or foreign courty) 12. CITIZEN OF WHAT COUNTRY? Worker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death acklin 15 (Yes of or unknown) (If yes, give war of lates of service) 16. SOCIAL 17. INFORMANT SECURITY NO 27-121-1514 causes CAUSE OF DEATH ONSET AND OEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Multiple gunshot wounds of chest (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, and head injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e. g., in or PRIMARY A OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? CAUSE OF DEATH. Street Carey & Laurens Streets 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? . 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE X April 6 1950 Firearms WORK 22. I certify that I took charge of the remains described above, held an . . Autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. 23A. SIGNATORE 238 CHIEF MEDICAL EXAMINER.... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER 4-7-50 MEDICAL INVESTIGATOR 244. BURIAL, CREMA-TION_REMOVAL (Specify) 24CANAME OF CEMETERY OR CREMATORY | 2000 TOTON CRy, town, or county) RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAT butter ator / Villauls, Mist Careda VS 151

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3267 BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF MATLITAM T. SNOWDEN April 6. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland ('f not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give South Baltimore General Hospital Baltimore D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 156 W. West Street Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years all finder 1 Year last birthday) Months Days ff Under 24 Hours and WIDOWED, DIVORCED (Specify) Hours : Min. 15/ 1857 Colored Male 94 Mar 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) clearly 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Sonwden Prissie Brown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Eliza Snowden-156, W. West St CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic cardiovascular (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, disease injury or complication which caused death.) PINEXION ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES X 21A EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK AT WORK 22. I certify that I took charge of the remains described above, held an . Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and depth in my opinion resulted from: natural causes [3], accident \square , suicide \square , homicide \square , undetermined \square . 23A. SIGNAPURE 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR 24A. BURIAL CREMA-TION, REMOVAL (Specify) 44c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Mt Calvary 1950 Burial A.A.Co., Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR andrew 1000 - 1951 VS 151



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 3268

BI	RTH NO.			CERTIFIC	AIE	OF DEATH	Registered	NO.
-	NAME OF D	ECEASED					2. DATE	
(T	(Type or Print) Mary Steigerwald						OF	11 5th.1950
3.	3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore					4. USUAL RESIDENCE		
В.	B. FULL NAME OF (If not in hospital or institution, give street address or					Marylan		
H	HOSPITAL OR 2832 E. Federal St. location)				ation)	c. CITY OR TOWN (If outside corporate lim	its, write RURAL and give township)
						Baltimore	6-0) (townsmp)
						D. STREET ADDRESS (If rural, give location)	
c.	Length of s	tay in Baltimore		Life	Mos. Days	143 N. Stre	eper St.	
5.	SEX	6. COLOR OR RACE	7. SINGLE	E. MARRIED.		B. DATE OF BIRTH	9. AGE (In years	if Under 1 Year If Under 24 Houss Ionths Days Hours Min.
F	emale	White	Wido		Specify	Feb, 7th.187	5 75 Trenday)	tontes Days Rours: Mill.
10	A. USUAL OC	CUPATION (Give kind of		OF BUSINESS	OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
WOL	ousewii	of working life, even if retired)		INDL	ISTRY	Maryland		WHAT COUNTRY?
	. FATHER'S N					14. MOTHER'S MAIDEN	NAME	
	And	lwew Ament						
1.5		D EVER IN U. S. ARMET	EOPCES?	16. SOCIAL			D. D. CO. CO. CO.	
(Ye	NO O unknown)	(If yes, give war or date	of service)	SECURITY	NO.	Mrs. Katheri	ne E. Oaks	129 N. Stree
	18. 1/2							INTERVAL BETWEEN
	71	001		CAI	JSE U	F DEATH		ONSET AND DEATH
		SE OR CONDITION LEADING TO DEA	TH	Co	rde	ic decompen	sation	01
17	(This does heart failt	s not mean the mode oure, asthenia, etc. It mes	of dying, e. a	3., (A)			• • • • • • • • • • • • • • • • • • • •	8 days
ú	injury or complication which caused death.) DUE TO							
	ANTECEDENT CAUSES Arteinosolerotio Heart Dio.							THE REAL PROPERTY.
Z	(B) Williasollotto pert Deo.							
F	RISE TO T	S OR CONDITIONS, I	STATING TI	NG HE DUE TO				
S	UNDERL	YING CONDITION LA	NST.					
ERTIFICATION				(C)				
E	OTHER S	II SIGNIFICANT COND	TIONS CO	M -				
E	TRIBUTING	G TO THE DEATH, BUT	NOT RELATI	D				
O.		F OPERATION 1		FINDINGS OF	OPERA	TION		20, AUTOPSY?
A		0						YES NO
EDICAL	21A. ACCIDI	ENT, SUICIDE,	218. PLA	CE OF INJURY	(e. g., in	or 21c. WHERE DID	(If in Baltimore City,	
ш	HOMICIDE	(Specify)	about home,	arm, factory, street, offic	ce bldg., etc	.) INJURY OCCUR?		
Œ	ID, TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OC	CURRE	21F. HOW DID INJU	RY OCCUR?	
	OF INJURY			WHILE AT NOT	WHILE			
			m.		WORK L	120	04.0 %	_
						cel 29 , 1950, to_		
		live on age 5	_, 1950	and that death		ed at 1:00 pm., from	the causes and on	
	23A. SIGNA	1 -11 -11			2	GOO & Bello SI		23C. DATE SIGNED
_		CREMA! 24B. DATE		M.				
Tio	AA. BURIAL. ON, BEMOVAL (S	Specify) 4/30/E	0			Y OR CREMATORY 24D.	altimore Mo	
DI	11.181	4/10/5		Holy Red		1		
	ATE RECEIVE		SSIGNATE	IRE		5. FUNERAL DIRECTOR		ADDRESS
-		150 Tuesting	不知用机	liame, M.D.		John C. Mosa	n 3000 E.	Balto. St.
	VS 150	4.	,		0	5 2 6 0		000

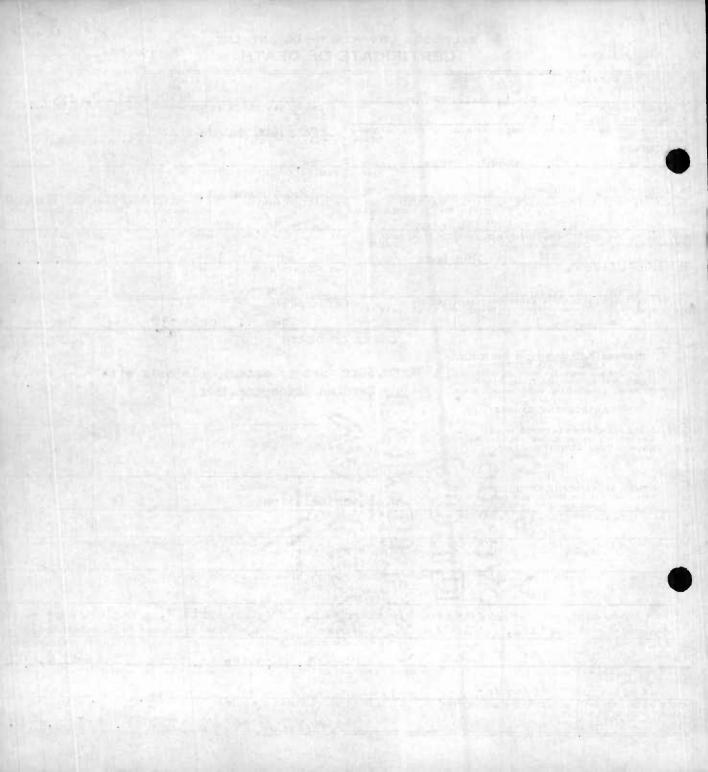
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 3269

В	3259 IRTH NO.			CERTIFICATI	E OF DEATH	Registered	No.
1.	NAME OF D	ECEASED				2. DATE	
_		Heckwol	f. Barb	ara Anna		OF DEATH Apri	
A.		City, Maryland			A. STATE	E (Where deceased lived, I	If institution; residence before admission
	FULL NAME OSPITAL OR	OF (If not in hospit	tal or instituti	ion, give street address or location)	Maryland or		nits, write RURAL and give
Ja	SDOUD90K	St. Jos	enhis H	osni tal	Md	26-	09 township
C.	Length of s	tay in Baltimore		Yrs. Mos. Days	b. STREET ADDRESS 3806 Hudsor	(If rural, give location)	
5.	SEX	6. COLOR OR RACE		, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	1 Q AGE (In veers	N Under 1 Year It Under 24 Hours Months Days Hours Min.
-	F	W.		rried	July 30 13	87 63	
		CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY
-	Hwfe		Own	home	Marylar		U.S.A.
1.	FATHER'S	NAME			14. MOTHER'S MAIDE		
_	Tra				Barbara I	Doetzer	
(Ye	s, no or onknowo)	ED EVER IN U.S. ARME (If yes, give wer or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
_	No	No		None	George H.	Heckwolf 3	806 Hudson S
	18. 421	0.1.		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION					
		LEADING TO DEA s not mean the mode	of dying, e. s	(A) Corona	y artery arter	riosclerosis wi	th
		ure, asthenia, etc. It me complication which		e.	liac decompensa		
		ANTECEDENT CAU	SFS				
Z				(B)	***************************************	***************************************	***************************************
CERTIFICATION		S OR CONDITIONS, THE ABOVE CAUSE (A)					
Y	UNDERL	YING CONDITION L	AST.				
F				(C)			
RT	OTHER :		ITIONS con	٧-			
H		G TO THE DEATH, BUT			es mellitus		
				FINDINGS OF OPER	ATION		20. AUTOPSY?
A							YES NO
EDICAL	HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., i erm, factory, street, office bldg.,		(If in Baltimore City,	, give exact location)
		(Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID IN	JURY OCCUR?	
	OF INJURY			WHILE AT NOT WHILE			
	00 77 7				b 26 1000 to	April 7 10	50that I last says th
	22. I hered	by certify that I at	tended the	aeceasea jrommari	mad at 1950, 10	om the causes and on	50that I last saw th the date stated above
	23A. SIGNA		9, 19 50,	ana that aeath occur	3B. ADDRESS	The the causes and on	23c. DATE SIGNED
	2011.01011	S. 12.	Kee	an M.D.	100 N. Carolin	10 0+	April 7, 150
2 TI	4A. BURIAL. ON. REMOVAL (CREMA 248. DATE			RY OR CREMATORY 24		
_	Burial	4/1	1/50	Holy Re	deemer	Halto	in a
L	ATE RECEIVE	TRAR		IRE	25. FUNERAL DIRECT		ADDRESS
1	DR 8-19		willia	used pile 1 a	MM H. 11/05	an, 3000 E	. Balto. St.
-	VS 150	- 0		J.L.	110000	18%.	1.

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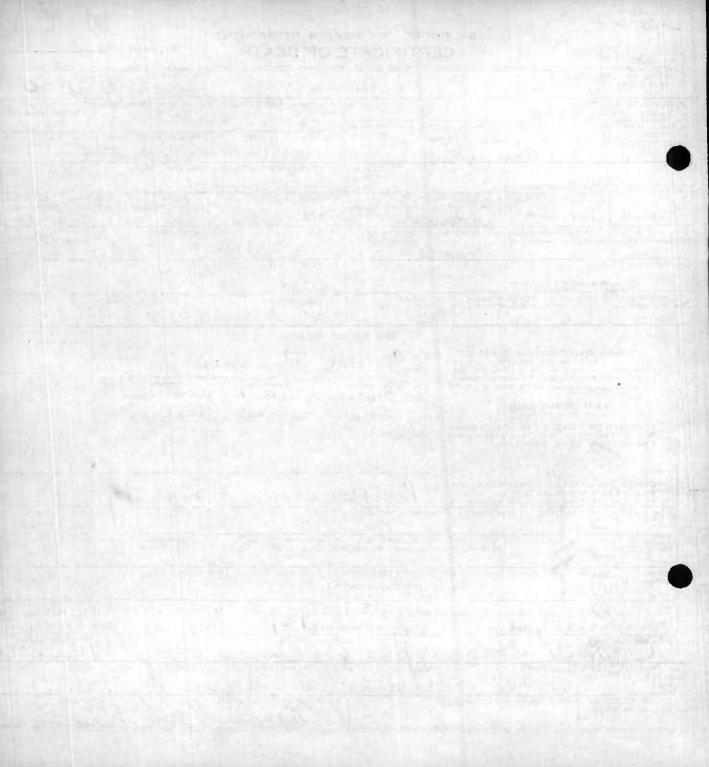


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BALTIMORE	CITT	REALIR	DEFARIN
CEPTI	FICA	TE OF	DEATH

)ei	RTH NO.27	0		CERTIFICATI	E OF DEAT	H Register	ed No
1. (T	NAME OF D	DECEASED MAR	YE	LIZA W.	ILLIAM.	S 2. DATE OF DEATH	april 50
	PLACE OF D Baltimore (City, Maryland			4. USUAL RESID	ENCE (Where deceased live B. COUNTY	
B. H	FULL NAME			ion, give street address or location)	Md c.city or town Baltim	2	limits, write RURAL and give township)
			-	Yrs. Mos.	o. STREET ADDR	ESS (If rural, give location	1)
	Length of s	tay in Baltimore	7. SINGL	Days E. MARRIED,	1939 Ba		rs If Under 1 Year If Under 24 Hours
-	Female	Colored	Wid	ED, DIVORCED (Specify)	3/3/1897	last birthday) 53	Months Days Hours Min.
worl	A. USUAL OC	CUPATION (Give kind of of working life, even If retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	Cook FATHER'S	NAME	Dom	estic	Balto 14. MOTHER'S MA		U.S.A.
						IDEN NAME	
15	. WAS DECEASE	ry Mollock	FORCES?	I 16. SOCIAL	Eliza		
(Ye	NO or unknown)	(If yes, give war or date	s of service)	None		lock(B)1239 H	ADDRESS
	18. UJ	7 1/0			OF DEATH	TOCK (D) IZOS I	INTERVAL BETWEEN
L CERTIFICATION	heart failt injury or DISEASE RISE TO 1 UNDERL'	s not mean the mode of are, asthenia, etc. It means the mode of a complication which of a complication which of a complication which of a complication of a complication of a complication of the complication	ins the diseast aused death sees F ANY, GIVII STATING TILEST. ITIONS COLUMN TELATIONS COL	(B) Cardy (B) Cardy (C) (C)	oschrotte - ranul atlon	a hypertensii in distant.	20. <u>AUTOPSY?</u>
CAI	214 ACCIDS	ENT, SUICIDE.	1 218 DI	ACE OF INJURY (e.g., in	e or 21c. WHERE D	III (If in Poltimore Ci	YES NO Lity, give exact location)
IEDICA	HOMICIDE	(Specify)		farm, factory, street, office bldg.,			ty, give exact location)
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK						
	22. I hereby certify that I attended the deceased from 3 mas, 1950, to 6 april, 1950, that I le deceased alive on 5 april, 1950, and that death occurred at 130 fm., from the Jauses and on the date st						on the date stated above
	Su	ul V.	Hern	uegh M.D.	00/ Well	ans Way	17 garil 50
	AA. BURIAL. (S			24C. NAME OF CEMETE		24b. LOCATION (City, t	
D	urial	SOR	S SIGNATU		25 POWER OF DIR	Balto. Count	ty, Md.
	VS 150	1 many	150 137V	52080	6	a sopa	93)

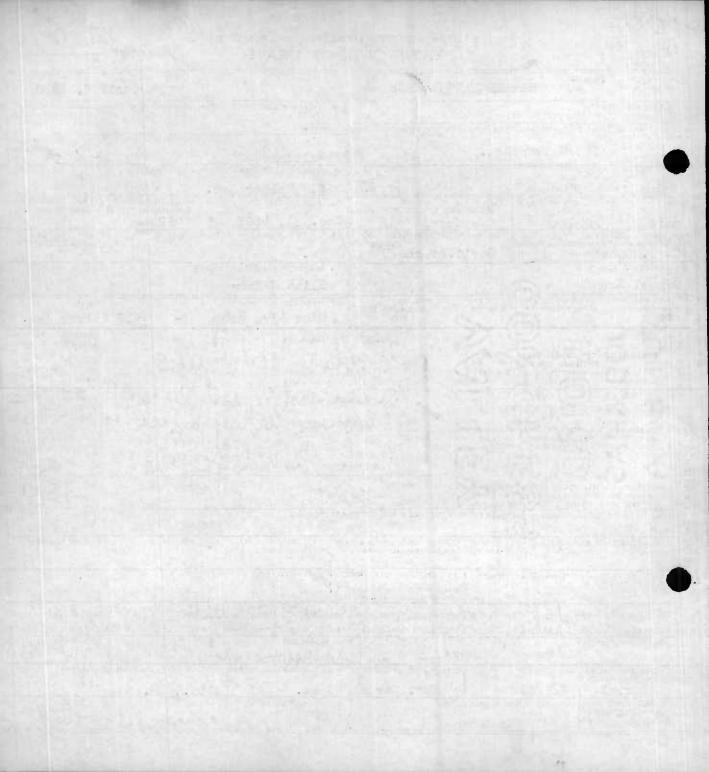


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BALTIMORE CITY HEALTH DEPARTMENT

50 3271

5	OH N3271	CERTIFICATE	E OF DEATH	Registered No.	0 0/4/12
1.	NAME OF DECEASED SAMI	UEL MARTIN WEBB		2. DATE OF DEATH April	6, 1950
A	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (WI		titution : residence before admission
H	FULL NAME OF (If not in hospital OR OSPITAL OR STITUTION 517 Walker A	d or institution, give street address or location)	c. city or town (if a Baltimore	outside corperate limits, w	- township
-	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If r 517 Walker Ave.		
5	male white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	B. DATE OF BIRTH Dec. 21, 1867	9. AGE (in years li Und last birthday) Month	er I Year If Under 24 Hours as Days Hours Min.
	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) U. S. Custom	108. KIND OF BUSINESS OR INDUSTRY Gov't. of the USA	11. BIRTHPLACE (State or for Pa.	reign country) 12	CITIZEN OF WHAT COUNTRY
13	Samuel Webb		14. MOTHER'S MAIDEN NA Eliza Walker	ME	
1! (Ye	S. WAS DECEASED EVER IN U. S. ARMED (If yee, give war or dates NO	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Miss Alva Webb		RESS alker Ave.
CAL CERTIFICATION	DISEASE OR CONDITION E LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which ce ANTECEDENT CAUS: DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT IT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 15	f dying, e. g., ns the disease, aused death.) ES FANY, GIVING STATING THE ST. TIONS CONNOT RELATED	Hur Heart H. onderolie Heart onary artery of Henriblegi attention	Luione -	MOULDS 2-4 YEAR 4 MOULDS 2-4 YEAR 4 MOULDS 20. AUTOPSY7 YES NO []
MEDIC	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 1D. TIME (Month) (Day) (Year)	21B. PLACE OF INJURY (e. g., in about home, form, factory, street, office bldg., e (Hour) 21E. INJURY OCCURRI	ED 21F, HOW DID INJURY	OCCUR?	exact location)
T	4A. BURIAL, CREMA- ON, REMOVAL (Specify) Burial 4/8/50 ATE RECEIVED BY REGISTRAR'S	m. WORK AT WOAK	Augus 30, 1930, to Corred at A.m., from the 3B. ADDRESS	DCATION (City, town, or	Jan 1, 1930
11	VS 150	1)	(/	A -	5 ////

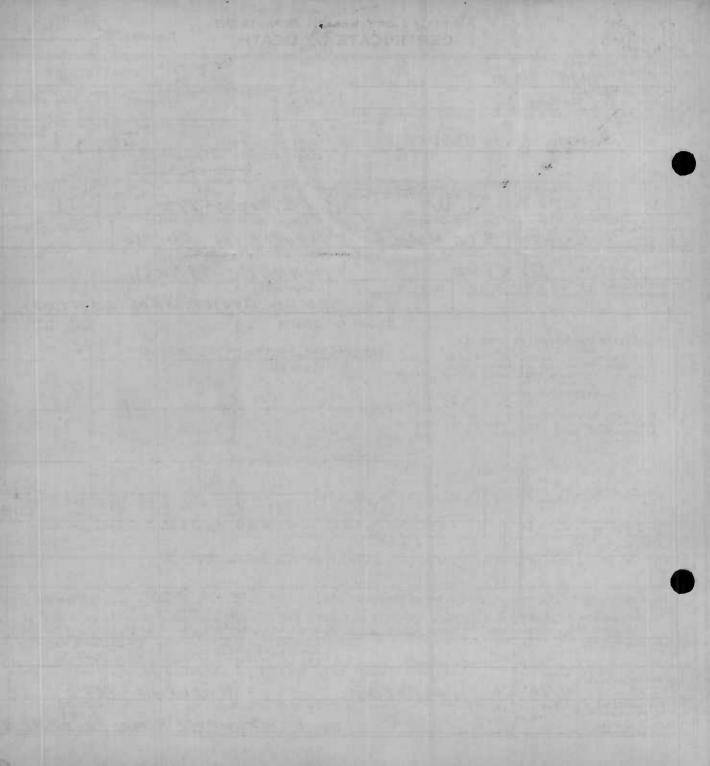


В	000 50 32	272	BAI	LTIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	Registere		3272
	NAME OF DI ype or Print)	ECEASED	on	alvinRa	u.	OF DEATH	.6//	950
A.		lity, Maryland	mar	buy 3	4. USUAL RESIDENCE (WA. STATE	here deceased lived B. COUNTY	. If institution b	on : residence efore admission)
H	FULL NAME (DSPITAL OR ISTITUTION	JOHNS HOPKINS		ion, give street address or location)	C. CITY OR TOWN (IE	butside corporate li	inits, write I	RURAL and give
G	Length of st	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location	n K	2
1000	SEX	6. COLOR OR RACE	WIDOV	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH 3 - 7-0 6	9. AGE (In years last birthday)	If Under 1 Yea Months Da	r H Under 24 Hours ys Hours Min.
wor	A. USUAL OCC done during most o	CUPATION (Give kind of f working life, even if retired)	10B. KINI	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Baltimore, Md.	reign country)		IZEN OF
	FATHER'S N	AME	Awnin	g 00 •	14. MOTHER'S MAIDEN NA	ME		
	John C. H				Emelie Demuth			
15	. WAS DECEASE	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS	5
(Ie	s, no or unknown)	(If yes, give war or date	of Hervice)	SECURITY NO.	JOHNS HOP	C I BUAY ALL		
RTIFICATION	(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TD THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
CERT	TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELAT	ED				
11				FINDINGS OF OPER			YE	
IEDICAL	21A. ACCIDE HOMICIDE	(Specify)		ACE OF INJURY (e. g., if farm, factory, street, office bldg., c		f in Baltimore Cit	y, give exa	ct location)
	of INJURY	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR WHILE AT WORK NOT WHILE WORK		OCCUR?		
	22. I hereby	y certify that I att	244	deceased from 4/	2 ,1910, to 4 rred at /2 2 mm., from h	he causes that on		I last saw the stated above
	23A. SIGNAT		Ba	. Kingo. 2	38. ADDRESS (1) AD AND AND AND AND AND AND AND AND AND		4	-6-50
2 TI	4A. BURIAL, CON. REMOVAL (S Burial	pecify)		24c. NAME OF CEMETE Parkwood Cem		to . MdA	own, or count	ly) (State)
	ATE RECEIVE	D BY REGISTRAR	17		25 FUNERAL DIRECTOR	ner 12	MO A	Tallo Md

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238. ADDRESS

25. FUNERAL DIRECTOR

24c. NAME OF CEMETERY OR CREMATORY

REENMOUNT

pe or Print)	lorris 5	TEUART	of DEATH	7-1950
PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If in B. COUNTY	stitution : residence before admission)
CULL NAME OF (If not in hospital or institution —)	k location)	c. CITY OR TOWN (If	outside corporate limits,	
5709 KOLAND		BALTO.	21-	-/3 township)
	Yrs. Mos. Days		-AND AV	٤.
E WIDON	E. MARRIED. NED, DIVORCED (Specify)	HOU. 11 1894		ths Days Hours Min.
. USUAL OCCUPATION (Give kind of lone during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for BALTO, MD	reign country)	2. CITIZEN OF WHAT COUNTRY?
FATHER'S NAME		14, MOTHER'S MAIDEN NA		
	EUART	JUSAN EL	LICOTT	
WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16, SOCIAL SECURITY NO.	EMILY TAYLO	R AMES 48	OP KESWICK RO
18. 420,1	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea	g., (A)	rowany Thro	mbosis	1 hour
injury or complication which caused deat				
ANTECEDENT CAUSES	(Coror	my Heart Wh	use hugue	3 mos
DISEASES OR CONDITIONS, IF ANY, GIVE RISE TO THE ABOVE CAUSE (A) STATING T			Rectori	approx
UNDERLYING CONDITION LAST.	(c) Jul	rollyed lester	melyonis	10yrs
II - II		Hyp	· hunan	
OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	ED			
	FINDINGS OF OPER	ATION	ZEI JEWAN	20. AUTOPSY?
21a. ACCIDENT WAS UNDER. 218. PL	ACE OF INJURY (e. g., in	or 21c. WHERE DID (I	f in Baltimore City, gi	ve exact location)
LYING OR CONTRIBUTING about home	, farm, factory, street, office bldg., e	(c.) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR	21F. HOW DID INJURY	OCCUR?	
m.	WORK NOT WHILE			
22. I hereby eertify that I attended the	deceased from -	les 20, 1946 to 14	ds 24 , 1930	that I last saw the
deceased alive on Jeles 24 , 19 50	and that death occur	red at 975 Am., from to	he eauses and on the	e date stated above.

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23A. SIGNATURE

24A. BURIAL, CREMA-TION REMOVAL (Specify)

DATE RECEIVED BY

LOCAL REGISTRAR

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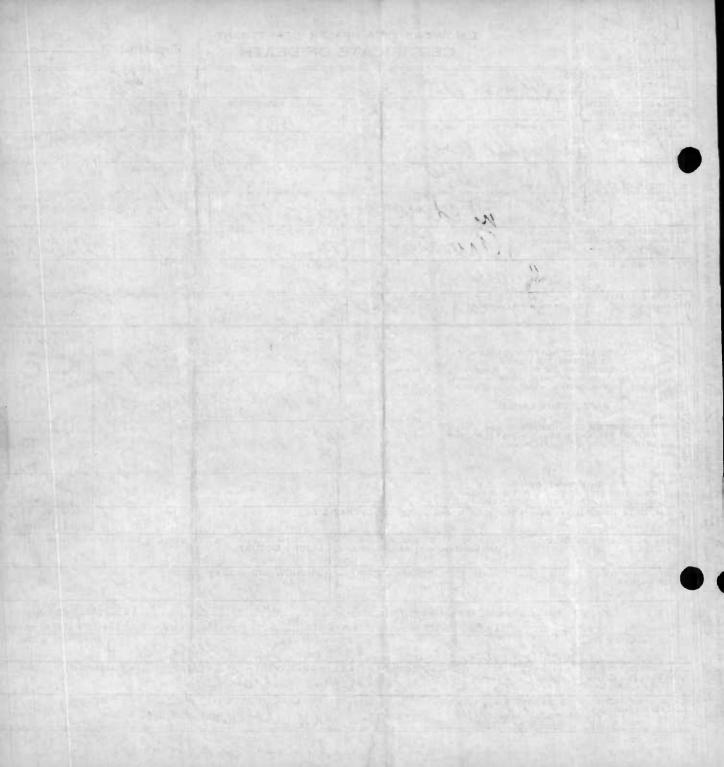
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REGISTRAR'S SIGNATURE

DR BH. RUIGEDGE 18 F EAGER

 $50 \quad 3275$ BALTIMORE CITY HEALTH DEPARTMENT Registered No ... CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF location | Uf out de corporate limits, write RURAL and give C. CITY OR TOWN Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OF RACE 7 SINGLE MARRIED 9. ACE (In years last binding) Months: Days Hours! Min. 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY 13. FATHER'S NAME parola Me 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT 1520 Ce CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21c. WHERE DID (If in Baldmore City, give exact location) 21B. PLACE OF INJURY (e. g., in or about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY AT WORK 190, that I last saw the 22. I hereby certify that I attended the deceased from 3 , 19 2. and that death occurred at / 30 n., from the causes and on the date stated above. deceased alive on 54/ 23c. DATE SIGNED 23B. ADDRESS 23A. SIGNATURE DATE RECEIVED BY 25. FUNERAL ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

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BALTIMORE CITY HEALTH DEPARTMENT

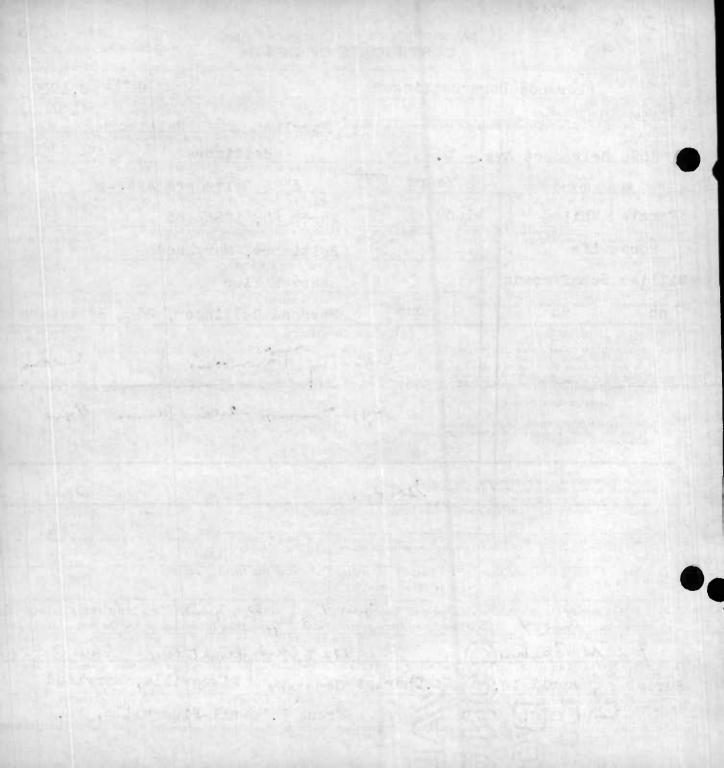
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Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF April Florence Dora Bullinger 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Baltimore Maryland c. CITY OR TOWN HOSPITAL OR location (If outside corporate limits, write RURAL and give INSTITUTION township) 3525 Belvedere Ave. - W. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. o Years c. Length of stay in Baltimore 3525 Belvedere Ave. -W. Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 9. AGE (in years If Under I Year last birthday) Months: Days Hours: Min. Female White March 25, 1885 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired)
HOUSEWIIE INDUSTRY WHAT COUNTRY? Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Schafferman Mary Miller 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS NOTIE NO. Raymond Bullinger, 3025 Belvedere INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND GEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES - aiterio Scherry DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED Lyn TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 30 1950, to Grand 22. I hereby certify that I attended the deceased from 4 6, 1950, that I last saw the deccased alive on 4, 1950, and that death occurred at am., from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED Figure 7, 1950 15 artress 24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) 24c. NAME of CEMETERY OR CREMATORY | 24b. VOCATION (City, town, or county) St. Charles Cemetery Pikesville, Maryland April 10,50 Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

LOCAL REGISTRAR

huitington Williams, Ma

Frank H. Newell-Pikesville, Md.



important. Physicians: please write the causes of death clearly and legal

correct age is especi

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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	JU	SC	10	1
Registered	No			

BIRTH NO.						
1. NAME OF (Type or Print					2. DATE OF	
	Mar	e Meier				pril 6,1950
3. PLACE OF	City, Maryland 3:	321 Cli ftmor	at Ave.	4. USUAL RESIDE	NCE (Where deceased lived, B. COUNTY	If institution; residence before admission)
B. FULL NAM		al or institution, giv			iftmont Ave.	,
HOSPITAL OF	R		location			its, write RUKAL and give
INSTITUTION	-15.3 m Their			Baltim	ore Md. 26	-03 township)
			Yrs.		SS (If rural, give location)	
			Mos.			
	stay in Baltimore	4lyr			tmont Ave.	
5. SEX	6. COLOR OR RACE	7. SINGLE, MAR WIDOWED DI	RIED, VORCED (Specify	8. DATE OF BIRTH	9. AGE (In years)	H Under 1 Yest H Under 24 Hours donths Days Hours: Min.
Female	White	Married	torroll (opcom)	April 22,18		
10A. USUAL C	OCCUPATION (Give kind of	108. KIND OF B	USINESS OR		State or foreign country)	12. CITIZEN OF
	ost of working life, even if retired)		INDUSTR			WHAT COUNTRY
	none		none	German	V.	
13. FATHER'S	SNAME			14. MOTHER'S MA	IDEN NAME	
		- Koeppel			er ep	
	ASED EVER IN U. S. ARME	D FORCES? 16. S	OCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknow	vo) (If yes, give war or date	,	ECURITY NO.	Mr.Frederic		iftmont Ave.
		1 11	J110	MITTOUGILO	A MOIOI OOSI CI	
18.	2-0 . 1 .		CAUSE	OF DEATH	0.0	INTERVAL BETWEEN
DISE	EASE OR CONDITION	DIRECTLY	(V. 0.	1-0
(This d	LEADING TO DEA loes not mean the mode			morran (Southerner	12 UR.
heart fa	ailure, asthenia, etc. It mes	ans the disease,	(A)			
injury	or complication which	caused death.) O	UE TO		0 -	
	ANTECEDENT CAU	SES		enous	800 -a:	42m
Z			(B)	orong	1 com não	7/10.
	SES OR CONDITIONS, I		UE TO	, /		0
UNDER	RLYING CONDITION L		702 10	, /		
2				ourse de	(1 - A -	15600
<u>-</u>	11		(C)	1 104 00	uran	1976.
	SIGNIFICANT COND			01		0
	ING TO THE OEATH, BUT		*************	••••••••••		
		98. MAJOR FIND				20. AUTOPSY?
A						YES NO
21A. ACCI HOMICIDI	DENT, SUICIDE,	218 PLACE OF	INJURY (e.g.,	io or 21c. WHERE D	ID (If in Baltimore City	
HOMICIDI		about home, farm, fact				, 8000
2						
OF INJUR	(Month) (Day) (Year	(Hour) 21E. 1N	JURY OCCUR	RED 21F. HOW DID	INJURY OCCUR?	
OF INJUR	Υ Υ	WHILE A				
		m. WORK	AT WORK		1/ 11-0	G
22. I her	eby certify that I at			June 3094	9 to 7 0 , 19	Q that I last saw the
deceased	alive on 4-5	_, 19 So and th	hat death occu	rred at 10 H	from the causes and on	the date stated above
23A. SIGN	NATURE .	4.7.		23B. ADDRESS	0 - 0 0	23c. DATE SIGNED
III STOLL	Wellian	4 Year	UZ M. O.	2025 B	lay 1000	4-7-50
24A. BURIAL	. CREMA- 24B. DATE	24c. N	ANE OF CEMET	ERY OR CREMATORY	240. LOCATION (City, tow	n, or county) (State)
TION, REMOVAL		350			D-14:	
Crematic			eenmont Co		Baltimore Md	ADDRESS
DATE RECEI	STRAR	'S SIGNATURE	AS	DEUNERAL DIR	100 11/1	
APR	8-1990 Thrus	2000 1 /124	eun i'l.	UNLLU IN	MUTES Sons, 202	4 Orleans St.
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Physicians: please write the causes of death clearly and legirly.

correct age is especial, important.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	50	3278
Registered	No	

B	RIH NO.						
	NAME OF D		tha Lee	Browne		2. DATE OF DEATH Apr	.6th.1950
	Baltimore (EATH:	235 Lak		4. USUAL RESIDENCE ()		
H	FULL NAME OSPITAL OR			ion, give street address or location)			, write RURAL and give
	STITUTION				Baltimore Md.	2-	Of township)
	Tanakh af a	4 to D-1/1		Yrs. Mos.	D. STREET ADDRESS (If		
-	SEX	tay in Baltimore	7. SINGLI	Days E. MARRIED.	2235 Lake Ave.		Under I Year If Under 24 Hours
	Female	White		ED, DIVORCED (Specify)	Oct.14,1892	last birthday) Mor	nths Days Hours Min.
		CCUPATION (Give kind of of working life, even if retired) none	none	OF BUSINESS OR INDUSTRY	Baltimore Md.	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S				14. MOTHER'S MAIDEN N	AME	
			Charles	A. Richardson	n Elen Anna Ph	erson	
15 (Ye	s, oo or noknown)	ED EVER IN U.S. ARME! (If yes, give war or date	D FORCES? s of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT Mr. Frank Lee Br		lona Ave.
	18. 4 -	20.1.		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION LEADING TO DEA		^			ONSET AND DEATH
	heart failt	s not mean the mode oure, asthenia, etc. It mes	of dying, e. :	se,	te pulmoro	y ædema	. 10 min
7		ANTECEDENT CAUS	SES	0-	- colu	Sup	1/2 hr.
RTIFICATION		S OR CONDITIONS, I					
CAJ		YING CONDITION L					
F		11		(C)			***
CER	TRIBUTIN	SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELAT	ED DIALN	des mellet	·	
AL	19A, DATE (OF OPERATION 1	9B, MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICAL	21A. ACCIDI HOMICIDE	ENT. SUICIDE. (Specify)		ACE OF INJURY (e. g., i farm,factory,street,ollce bldg.,		lf in Baltimore City, g	ive exact location)
Ď	21D. TIME OF INJURY	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT NOT WHILE		Y OCCUR?	
	22 7 7	416 47 4 7 4	m.	WORK AT WORK	a 1950 to	12 6 10 57	47-471-4
		live on Amb		and that death occur	rred at 11 48 m., from t	he causes and on th	that I last saw the e date stated above.
	23 SIGNA		ethe		1206 M. Wash	ungton St.	23c. DATE SIGNED 2/7/50
2 TI	4A. BURIAL, ON, REMOVAL (S	CREMA- 24B. DATE Specify)		24c. NAME OF CEMETE	RY OR CREMATORY 24D, L	OCACON (City, town,	or county (State)
_	Burial	Apr.10/	50	Oak Lawn Cem		lto. Md.	
DL	ATE RECEIVE	REGISTRAR	161	lliama, all	Philipsylves	1 Sould orl	eans St.
	VS 150		ij		37781		61

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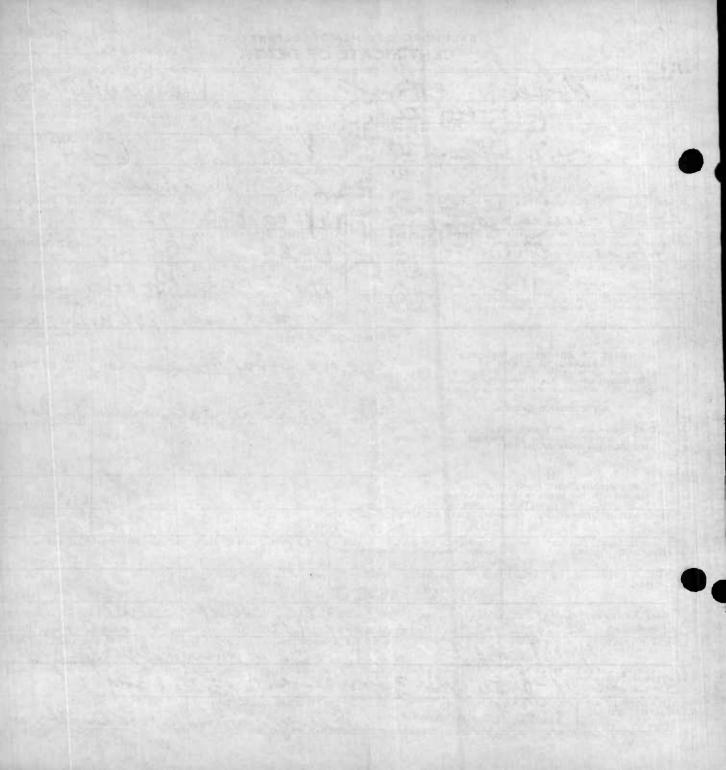
BALTIMORE CITY HEALTH DEPARTMENT

50 3279

BIRTH NO. CERTIFICATE OF DEATH	Registered No.
1. NAME_OF_DECEASED 2. DA	
(Type or Print) Walter Dotson DEA	ATH 4 /16/1950
a. Baltimore City, Maryland Balto. City A. STATE 4. USUAL RESIDENCE (Where dec	ceased lived. If institution: residence COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR LOCATION) C. CITY OR TOWN (If outside or institution)	corporate limits, write RURAL and give
I I I I I I I I I I I I I I I I I I I	16-02 township)
Yrs. D. STREET ADDRESS (If rural, give	ve location)
c. Length of stay in Baltimore ife Mos. Days I502 Harlem Ave	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE last	E (in years M Under Year M Under 24 Hours Hours Min.
Male Col. Single Sept. 19.1896 5	53
10A. USUAL OCCUPATION (Give kind of work dooe during most of working life, even if retired) 10BIC TOTAL TOT	untry) 12. CITIZEN OF WHAT COUNTRY
Laborer International Baltimore Md.	U.S.A.
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Albert Dotson Annie Dotson	1
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yee, no or unknowo) (If yee, give wer or detee of service) SECURITY NO.	ADDRESS
No Charlotte Gross Is	02 Harlem Ave
18. LLLA V . CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	end homes
heart failure, asthenia, etc. It means the disease,	
Injury or complication which caused death.) OUE TO	
ANTECEDENT CAUSES	RAIL
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	V.
UNDERLYING CONDITION LAST.	
FI COURT OF THE CO	
TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1 134. DATE OF OPERATION O 135. MAJOR PINDINGS OF OPERATION	YES NO
214 ACCIDENT WAS LINDER. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Bal	ltimore City, give exact location)
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CHOOSE Property of the contribution of	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCU	R7
OF INJURY WHILE AT NOT WHILE	
m. WORK AT WORK	S
22. I hereby certify that I attended the deceased from 19 50 19	, 195 that I last saw th
deceased alive on 1992 and that death occurred at from the faus	ses and on the date stated above
23A. SIGNATURE 23B. APDRESS	23c. DATE SIGNED
11/1 (action M.o. 000 aleumon	on (City, town, or county) (State)
24a. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATIO	ON (City, town, or county) (State)
	Md
LOCAL DECISION OF REGISTRAR'S SIGNATURE	ADDRESS
EUCAL REGISTRAR	00 =
	00 Brantly Ave
VS 150 98FIV Clory O. Wils	on.
	1312

Market & Commission Warrant Yes Mark decement them from 0

VS 150



BALTIMORE CITY HEALTH DEPARTMENT

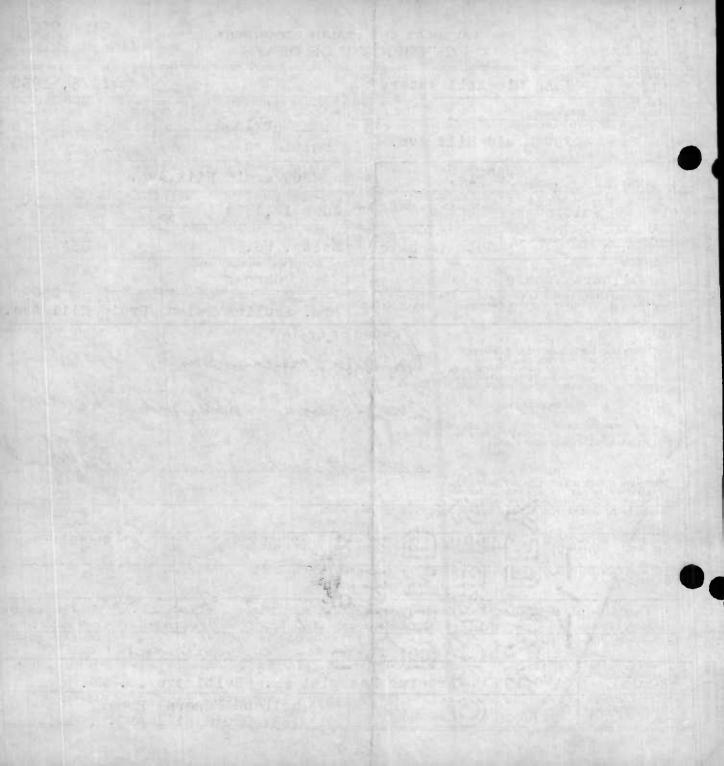
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U	BI	RTH NO.		CLITTICA	IL OI BEATH	8	
	1. (T	NAME OF D ype or Print)	John M	itchell Waters		OF AT	ril 5, 1950
		PLACE OF D Baltimore (EATH: City, Maryland		4. USUAL RESIDENCE A. STATE	(Where deceased lived, B. COUNTY	f institution : residence before admission)
y.	H	FULL NAME OSPITAL OR STITUTION		tal or institution, give street address uid Hill Ave.			its, write RURAL and give township)
8 1	c.	Length of s	tay in Baltimore	58 yrs. Yrs. Moo	2209 Druid	f rural, give location) Hill Ave.	
and leg		ale	Color of RACE	7. SINGLE, MARRIED, WINDOWED DIVORCED (Spec	June 12,1891	9. AGE (In years last birthday)	N Under I Year M Under 24 Hours Ionths Days Hours Min.
clearly	work	A. USUAL OC done during most Mechani	CUPATION (Give kind of working life, even if retired C	Auto (Public)	Balto. Md.	foreign country)	12. CITIZEN OF WHAT COUNTRY?
death	13	FATHER'S N	bert Water	S	14. MOTHER'S MAIDEN Unknown	NAME .	V
jo	15 (Yes	. WAS DECEASE , no or unknown)	D EVER IN U.S. ARME (If yes, give wer or dat	D FORCES? 16. SOCIAL SECURITY NO	17. INFORMANT Mrs. Pauline		ADDRESS 2209 aid Hill Ave.
e write the causes		(This does heart failu	SE OR CONDITION LEADING TO DEA s not mean the mode ire, asthenia, etc. It me complication which	DIRECTLY ITH of dying, e. g., ans the disease, caused death.) DUE TO	r remu	oma'	ONSET AND DEATH Codeya Codeya
Physicians: please	TIFICATION	RISE TO T	S OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION L) STATING THE DUE TO	Dorul		Selfint
hys	ER	TRIBUTING	GIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED			
tant.	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE				ERATION		20. AUTOPSY?
important.	YES NO 21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or labout home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?						
ecially im	m. WHILE AT NOT WHILE AT WORK						
espec		deceased a		tended the deceased from 5	curred at 9 m. from		that I last saw the the date stated above.
IS IS		23A. SIGNA		Blake M.D.	238. ADDRESS N.C	arolins	23c. DATE SIGNED
1 g	TII	Burial Burial	CREMA- 248. DATE (Specify) 4/8/1			location (City, tow	
Correct	D	ATE RECEIVE	D BY REGISTRAF	es signature	25. FUNERAL DIRECTOR HOLLand 1631 Dru	Funeral Horid Hill Ave	
	1-						

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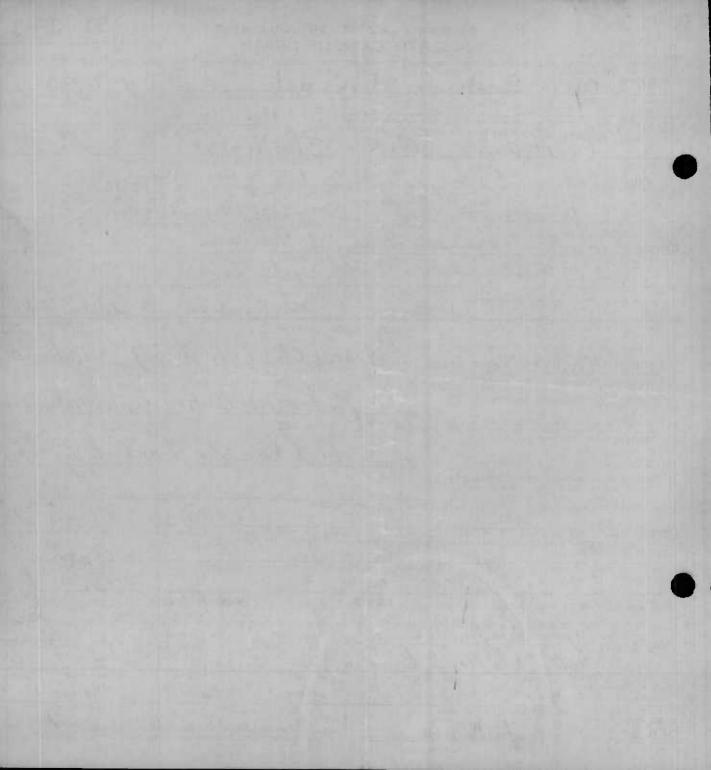
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Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE apr 8,1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY. A. Baltimore City, Maryland A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township Yrs. o. STREET ADDRESS (If rural, give location) moth Mos. c. Length of stay in Baltimore Davs 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year last birthday) Months! Days Hours; Min. Judacel 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACÉ (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) · INDUSTRY WHAT COUNTRY SUPERNISOR W7 School of Blind W. SA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Answor 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or onlynown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or onknown) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND CEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION Schumma Ca remma RT. Breast YES man 9-1950 21c. WHERE DID 218. PLACE OF INJURY (e. g., in or) (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (Specify) HOMICIDE 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WHILE AT man 5 1950 to april 8, 1950, that I last saw the 22. I hereby certify that I attended the deceased from_ dsa _ 1950 , and that death occurred at b A m., from the causes and on the date stated above. deceased alive on A. T 23C DATE SIGNED 23B. ADDRESS 23A. SIGNATURE 24c. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) PLEASE CHESTENTOWN, MO CHESTER JURIAL APRIL 11.1950 AUDRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE rever LOCAL REGISTRAR mounicator / whale VS 150

Journ 4224

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 3203 1. NAME OF DECEASED (Type or Print) Gertrude Stocks de DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF INSTITUTION Haven Nursing Home location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN Blxd. timove o. STREET ADDRESS (If rural, give location) Yrs. Mos. 9 years 4515 Darrism Blod. c. Length of stay in Baltimore Days 9. AGE (in years | Il Under I Year | If Under 24 Hours last birthday) | Months: Days | Mours: Min. 7. SINGLE, MARRIED 6. COLOR OR RACE If Under 24 Hours WIDOWED, DIVORCED (Specify) 84 yrs. 10A, USUAL, OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF 10B, KIND OF BUSINESS OR Establisher work done during most of working life, even if retired) WHAT COUNTR Maryland Driamaleur. llea Retired Dressmake 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMAN (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. ment Simmeds Blindon no none CAUSE OF DEATH 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive Cardiovascular Unknown ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cerebral Vascular Accident Gyears 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION -(If in Baltimore City, give exact location) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS
PRIMARY OR CONTRIBUTING about home, farm, factory, etreet, office bldg., etc.) 218. PLACE OF INJURY (e.g., in or INJURY OCCUR? CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE ATT AT WORK WORK 22. I certify that I took charge of the remains described above, held an _ thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. 23B. CHIEF MEDICAL EXAMINER 23A. SIGNATURE M.D. MEDICAL INVESTIGATOR 24c. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24p. LOCATION (City, town, or county) rud Redse Cemetery Maryland apr. 10-1950 Burial DATE RECEIVED BY APR 8 = 195 Um Berrywan & Saus - Reisterton Md. VS 151



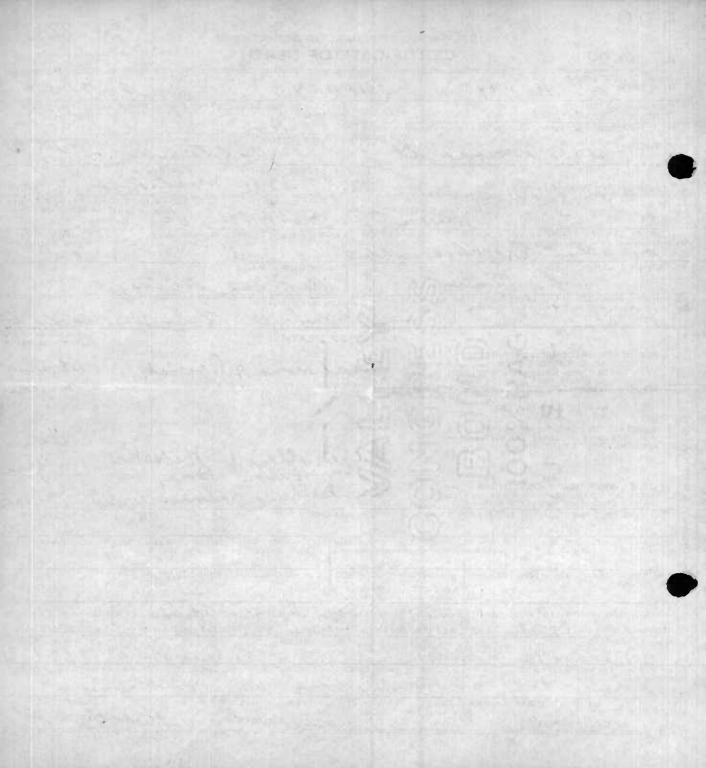
50 3284 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED (Type or Print) 2. OATE MHOL 3. PLACE OF DEA 4. USUAL RESIDENCE (Where deceased liver, 11 institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. (If not in hospital or institution, give street address or Baltimore B. FULL NAME OF HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION University Hospital township) White Hall D. STREET ADDRESS (If rural, give location) Yrs. Mos c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years | N Under I Year | N Under 24 Hours | Months Days | Hours | Min. Nov. 22, 1882 male white widower 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108, KINO OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? clerk (rtd hotel Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Rigney Lydia Hoffman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT AODRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mrs. Frederick G. Arntz no none 3623 Cedar Driv INTERVAL BETWEEN 18. 610X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., UREMIA heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES acute reten DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. over OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. OATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES V 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. (Specify) about home, farm, factory, street, office bldg., etc.) HOMICIDE INJURY OCCUR? 21F. HOW OID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURREO OF INJURY 22. I hereby certify that I attended the deceased from 4 6 30 , 19 , to 4 768 , 19 ___, that I last saw the 195 and that death occurred at 1:430 m., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 203 UNIVERSIT 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) Burial 4/10/50 Wiseburg Cem. OATE RECEIVED BY FUNERAL DIRECTOR ADDRESS REGISTRARIS SIGNATURE IDR 8-1950 mixing for Hilliams Mill VS 150

Letter in document file. 50-3284 - 5/2/50.

BALTIMORE CITY HEALTH DEPARTMENT

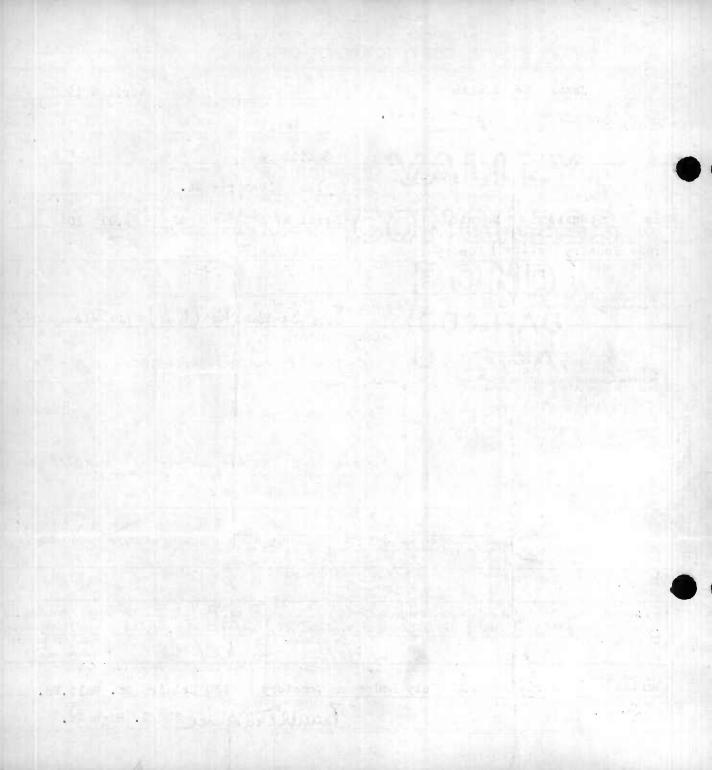
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Registered No_ CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) HENRY CHANEY OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' C. CITY OR TOWN (If outside corporate limits, wrate RURAL and give INSTITUTION Yrs. o. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days If Under 1 Year 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED B. DATE OF BIRTH 9. AGE (In years) last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) marked 10A. USUAL OCCUPATION (Givekind of) 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired WHAT COUNTRY? 20 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) SECURITY NO. 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or INJURY OCCUR? HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT Sept. 23, 19 16 to april 2, 1950, that I last saw the 22. I hereby certify that I attended the deceased from.... deceased alive on aprile, 19 50 and that death occurred at 1 130 1 m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE Theodore moruso 24c. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-ADDRESS 25 FUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR VS 150



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5-222 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE Seskauskas Jonas DEATH April 6 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland 125 Albemarle St. A. STATE B. COUNTY before admission) Waryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) 50 Y-rs Mos. c. Length of stay in Baltimore 125 Albemarle St. Days 5. SFX 6. COLOR OR RACE 7. SINGLE, MARRIED, ... WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) Months Days Hours Min. Wala White Married April 27 1886 11:10 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, oven if retired Brass Foundry (Retired) Fondry INDUSTRY WHAT COUNTRY Lithuania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT, 19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office hidg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? Σ 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK AT WORK 22. I hereby certify that I aftended the deceased from June 19.49 to , 1950, that I last saw the deceased aliveron but 6 1950 and that death occurred at 2.00 km. from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 24c, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) April 10 1950 Holy Redeemer Cemetery 4430 Belair Rd. Balt.Md. DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR I washing now I thid with it raula Della Uses 322 S. High St.



5-200 CERTIFICATE OF DEATH Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) FUFAETT DONALD SHAWCIT 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) MARYLAIUD B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INVION METTORIAL HOSPITAL INSTITUTION township) FREEIAND D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE | 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 17418 4-23-1915 MARIED 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? AMMING 0151 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HARRY SHAUCK 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT **ADDRESS** SECURITY NO. MRS BEATRICE SUNGER FAFFERN 18. 502.1 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Homologous serum familie LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-Bronchattsis TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21c, WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g., In or HOMICIDE (Specify) about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY . 1950, to 4 8 , 1950, that I last saw the 22. I hereby certify that I attended the deceased from # - 4 deceased alive on 4.8 19,50, and that death occurred at 3: 38 Am., from the causes and on the date stated above. 238. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR N-998. 5 (N.K. Shoelmaker) 000 Vi

Serum was given for low serum proteins due to chronic infection Letter in document file 50-3288-5/4/50.

BALTIMORE CITY HEADTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) harlesW-CROZIER DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE, (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR Location (If outside corporate limits, write RURAL and give INSTITUTION UN IVERJIT INDJPITAL (If rural, give location) c. Length of stay in Baltimore Days If Under 1 Year 6. COLOR OR RACE 7. SINGLE, MARRIED H Under 24 Hours IDOWED, DIVORCED (Specify) last birthday) Months Days Hours: Min. 68 Marrie 10A. USUAL OCCUPATION (Givelind of 1QB. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTR congineer 13. FATHER'S NAME MED FORCES? ONSET AND DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH EMIA Week (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Acute Renal failure DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CONthe bladder Carcinomo of TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY arcinoma 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21p. TIME (Month) (Day) (Year) (Hour) NOT WHILE WHILE AT deceased alive on April 6, 1950, and that death occurred at 3 2 m., from the causes and the last saw the 23A. SIGNATURE NIVERSITY im 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) DATE RECEIVED BY HEGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150 1 Cintucky

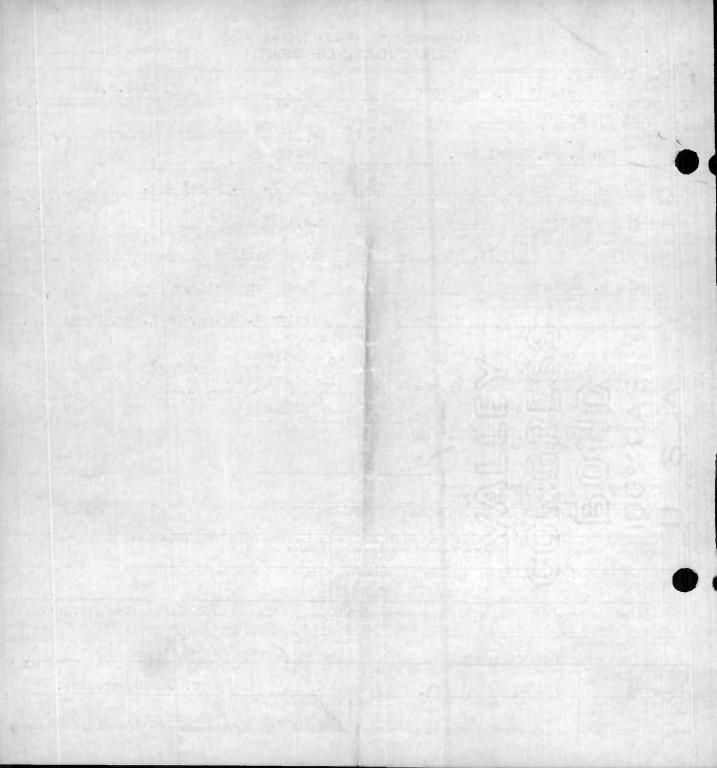
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BALTIMORE CITY HEALTH DEPARTMENT

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BI	RTH NO.			CERTIFICATI	E OF DEATH	Registered No	0
1. (T ₃	NAME OF D		G. STA	AFFORD		2. DATE OF Apr. 8	,1950
	PLACE OF D	EATH: Sity, Maryland			4. USUAL RESIDENCE ()	Where deceased lived. If in B. COUNTY	nstitution: residence before admission)
B.	FULL NAME		al or instituti	on, give street address or	Maryland		
HO	SPITAL OR			location)		outside corporate limits,	write RURAL and give township)
	0 2	205 E. Mt. Ro	yal Ave		Baltimore	11-0	
				Yrs. Mos.	D. STREET ADDRESS (If		
		tay in Baltimore		Days	205 E. Mt. F		
5.	SEX	6. COLOR OR RACE	WIDOW	MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH		Inder I Year If Under 24 Hours the Days Hours Min.
	Pemale	White	Wido		Jan.5.1879	71	
ork	A. USUAL OC done during most of Housewife	CUPATION (Glvekind of f working life, even if retired)	At. h	OF BUSINESS OR INDUSTRY	North Caroline		12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	IAME			14. MOTHER'S MAIDEN N		
	John	W. Gaylord			Sarah Jane Vo	llevv	
5	. WAS DECEASE	D EVER IN U. S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS
	TO	(1. 300) Sive was or dates	or accorde)	None	Carolyn B. Moc	re.205 E. Mt.	Roval Ave.
	18. 47	00			OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
1	DISEAS	E OR CONDITION		1	+ 01	01.	2 hours
	(This does	not mean the mode ore, asthonia, etc. It mea	f dying, e. g	(A)	te Pulmaray	Lalena	-
		complication which c		DUE TO Hym	turis + atinis	election	
		ANTECEDENT CAUS	ES	He	art Receive		9
	DISEASE	OR CONDITIONS, I	E ANIV CIVIN		7 70000	***************************************	
	RISE TO T	HE ABOVE CAUSE (A)	STATING TH				
از	UNDERL	THE CONDITION LA	131.				
		П		(C)			
-		IGNIFICANT CONDI					
5	TO THE D	ISEASE OR CONDITION	CAUSING I	т			
1	19A. DATE C	F OPERATION (1	9B. MAJOR	FINDINGS OF OPER	MATION		20. AUTOPSY?
3	21A. ACCIDE	NT. SUICIDE	218 PLA	CE OF INJURY (e. g., i	n or 21c. WHERE DID (If in Baltimore City, gi	
		NT, SUICIDE, (Specify)	about home, f	arm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
	21D. TIME	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
7	OF INJURY		m.	WHILE AT WORK AT WORK			
	22. I hereh	y certify that I att	ended the	deceased from	1947 to	Truil 8 , 1950	that I last saw the
		ive on 4 ~ 8	1950	and that death occur	Red at 6:15 Am., from	he causes and on th	e date stated above
	23A. SIGNA		1		O- ADDDEGG	4	23c. DATE SIGNED
			eman	м. р.	1201 Poplar A		4-8-50
24 TIC	A. BURIAL, (S	REMA 24B. DATE		24c. NAME OF CEMETE	CONTRACTOR OF THE PARTY OF THE	OCATION (City, town,	,
R	emoval	4/9/50		St. Lukes		per, North Car	
	ATE RECEIVE	RAR	SSIGNATU	JRE W/11	25. JUNEAL DIRECTOR	me/ 12115	Town St
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	VS 150		13				(12)

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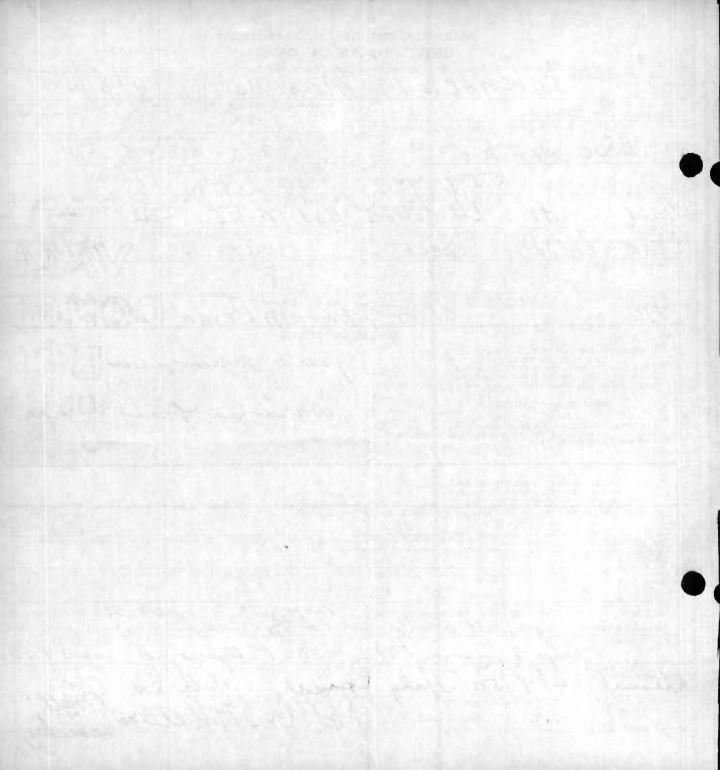
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	50	3292	BA!	CERTIFICATI	E OF DEATH	Register	ed No.
1	NAME OF D	ECEASED		1 4		2. DATE OF A	
3	PLACE OF D	EATH: City, Maryland	11-1	tenry M.		(Where deceased live	l, If institution; residence
В	FULL NAME OSPITAL OR		ital or institut	tion, give street address or location)	A. STATE Mary lan C. CITY OR TOWN		
	STITUTION	ranklin S	G a. z	140310.	Baltimo	(11 outside corporate	limits, write RURAL and give township
	Langth of s	tay in Baltimore	0	Yrs. Mos.	D. STREET ADDRESS	0	
	SEX	6. COLOR OR RACE		Days E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year	s If Under 1 Year It Under 24 Hours Months: Days Hours: Min.
10	A. USUAL OC	CUPATION (Give kinds	1 10B. KINE	OF BUSINESS OR	8-12-1878 11. BIRTHPLACE (State)	12	12. CITIZEN OF
E	MOGLME	working ly Orven if retired	UNDE	A TAITING	Marylas	e d.	WHAT COUNTRY
1:	FATHER'S N	ell Gen			14. MOTHER'S MAIDEN	and the same of th	
1: (Ye	. WAS DECEASE	D EVER IN W. S. ARME (If yes, give war or dat	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	X	ADDRESS
-	110			S.U.S.	Agnes Ste	inmeta	18/2 Remseys
	DISEAS	E OR CONDITION		CAUSE	OF BEATH		ONSET AND DEATH
	heart failu	not mean the mode re, asthenia, etc. It me	of dying, e.	se. / 1	suc pe	ur	
		complication which		h.) DUE TO	uline		
NO NO	DISEASES	S OR CONDITIONS,	IF ANY, GIVII	NG (B)	•••••••••••••••••••••••••••••••••••••••		
RTIFICATION	UNDERLY	HE ABOVE CAUSE (A	AST.	HE DUE TO			
TIF	OTHER C	II IGNIFICANT CONE	UTIONS	(C)			
SE SE	TRIBUTING	TO THE DEATH, BUT	NOT RELAT	ŁD IT		•••••	
AL	19A. DATE O	F OPERATION	19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICA	21A. ACCIDE HOMICIDE	NT. SUICIDE, (Specify)		ACE OF INJURY (e. g., in farm,factory,street,office bldg.,e		(If in Baltimore Ci	ity, give exact location)
Σ	21D. TIME (OF INJURY	Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJ	URY OCCUR?	
			m.	WHILE AT NOT WHILE		11 - 5	.(2)
	deceased al	y certify that I at ive by 4					9 , that I last saw then the date stated above
	23A. SIGNAT	URE Sa	ur,	A , M.D. 2	3B. ADDRESS	~ 29. Un	7 23C DATE SIGNED
3	DURIAL. CON REMOVAL (S	4/10	150	HOLY LES	RY OR CREMATORY 245	Ballo	
	ATE RECEIVED	BY REGISTRAR	S SIGNATU	yuliams, Mr.	25. FUNERAL DIRECTO	Walter.	ASSPER
A	Ploet & 9	0.B.CA1	4.0	V64819			93E CK

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

59 3293		50 3	262
M-622	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	Registered No	
I. NAME OF DECEASED	1 10 100	2. DATE	11-
(Type or Print)	MAEL IN. MARCUS	OF DEATH 4/8	140
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If in B. COUNTY	statution : residence before admission
B. FULL NAME OF (If not in hospital of HOSPITAL OR INSTITUTION	or institution, give street address or location)	If outside corporate limits,	a townshir
10 000 X1 K1	Yrs. D. STREET ADDRESS (I	more 2 f rural, give logation)	3 -09.
c. Length of stay in Baltimore	Trylar Mos. 3800 SIX-	th St	
MALE WHITE	WIDOWED DIVORCED (Specify) 8. DATE OF BIRTH		hs Days Hours Min.
10. VSUAL OCCUPATION (Give sind of 1 of done during most of working life, even if get red)	OB. KIND OF BUSINESS OR INDUSTRY	foreign country)	2. CITIZEN OF
13/FATHER'S NAME	14. MOTHER'S MAIDEN N	NAME	110011111
15. WAS DECEASED EVER IN U. S. ARMED F Yes, no fr unknown) (If yes, give war or dates of	ORCES? 18 SQCIAL 7. INFORMANT BENEFICIAL TO THE PROPERTY NO. 17. I	PAN 38	TRESS H
18. /9/X	CAUSE OF DEATH	2/ //	INTERVAL BETWEE
DISEASE OR CONDITION DI			OKSET AND DEAT
(This does not mean the mode of cheart failure, asthenia, etc. It means	the disease,	anomureus	
injury or complication which cau			No. 3 33 A
ANTECEDENT CAUSES	(B) Caruntua	· free	2yrs.
DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST	TATING THE DUE TO	0	
ONDERETHIS CONDITION EXST	(C)		
OTHER SIGNIFICANT CONDITION	ONS CON-		
TRIBUTING TO THE DEATH, BUT NO	OT RELATED		
	MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		(If in Baltimore City, giv	YES NO L
LYING OR CONTRIBUTING	about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (HOOF INJURY		RY OCCUR?	
	TI. WHILE AT NOT WHILE AT WORK		
22. I hereby certify that I atten	ded the deceased from nav 20, 10,5,6 to 1951, and that death occurred as m., from	apr 81950	
deceased alive on 47,	1931, and that death occurred at	the clauses and on the	23c. DATE SIGNE
Tulip 81,			apr 8 50
24A. BURIAL, CREMA- 246. DATE	50 Holy Hoss	CATION (On town, o	(State)
DATE RECEIVED BY REGISTRAR'S		11. 00	Frett
ADD 9 1950	w Williams, Mar Noff Cx D. M	Walter	V-1
VS 150	7 3 2 9 3	C	THE PARTY OF THE P
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BALTIMORE CITY HEALTH DEPARTMENT

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	BIRTH NO.	RTIFICATI	E OF DEATH	Registered No.				
	1. NAME OF DECEASED (Type or Print) S olomon St	ern		2. DATE OF DEATH April	7,1950			
	3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (WAS A. STATE Maryland	here deceased lived. If ins	titution: residence before admission)			
ly.	B. FULL NAME OF (If not in hospital or institution, ginestruction) 3727 ParkHeights Ave	ve street address or location)	c. CITY OR TOWN (If Baltimore	outside corporate limits	vrite RURAL and give township)			
2	c. Length of stay in Baltimore	Yrs. Mos. Days	o. street address (If a 3727 ParkHeig					
and	Male White Sing.	RRIED. IVORCED (Specify)	June 15,1881		er I Ysar H Under 24 Hours B Days Hours Min.			
clearly		BUSINESS OR INDUSTRY iloring Co	11. BIRTHPLACE (State or for Baltimore Md	reign country) 12	CITIZEN OF WHAT COUNTRY?			
death	Herman Stern		14. MOTHER'S MAIDEN NA Bertha Stern	ME				
ot	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or onknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT Mr Edward Manko	3727 Parkhei	RESS ghts Ave			
please write the causes	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING	Sminter						
Physicians:	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY1			
tant.		OF INJURY (e.g., i		f in Baltimore City, giv	YES NO X			
is espeched imp	HOMICIDE (Specify) about home, farm, factory, street, office bidg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on the date stated above 23A. SCHATURE AT WORK 23B. ADDRESS M. D. INJURY OCCUR? 1NJURY OCCUR? 1NJURY OCCUR? 21F. HOW DID INJURY OCCUR? 1948 to Pr 7, 1959, that I last saw the deceased alive on the date stated above 23B. ADDRESS 23B. ADDRESS 23C. DATE SIGNED 23C. DATE SIGNED							
t age	TION DENOMAL (Specifical)	NAME OF CEMETE	RY OR CREMATORY 24D. LO	DCATION (City, town, or				
correct	DATE RECEIVED BY REGISTRAR'S SIGNATURE	3.0	25. FUNERAL DIRECTOR Sol Levinson & E		DDRESS			
	VS 150	2780	63 2 9 4	TIZO W NO	93)			

3295 BALTIMORE CITY HEALTH DEPARTMENT 3295 Registered No .__ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. CQUNTY before admission) A. Baltimore City, Maryland A. STATE Maryland Ballimone B. FULL NAME OF (If not in hospital or institution, give street address or C. CITY OR TOWN HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION Maryland general lossoital Mimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 1888 9 AGE (In years) 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED. 8. DATE OF BIRTH If Under 1 Year Il Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) -87 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S NAIDEN NAME Von Wachter havenia Ft Van-Warnter 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or onknown) (If yes, give war or dates of service) SECURITY NO. Wm. L. Diefenbach, 719 Mt. Holly St. CAUSE OF DEATH 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES hydronephrosis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO bilateral nephrolithiasi OTHER SIGNIFICANT CONDITIONS CONlooke heert disease TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B, MAJOR FINDINGS 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT 1950 to 4 - 7 50 19 that I last saw the 22. I hereby certify that I attended the deceased from. 45 An., from the causes and on the date stated above. 1950, and that death occurred at 4 deceased alive on LL 238. ARDRESS 23c. DATE SIGNED 23A, SIGNATURE ousa Muse 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24B. DATE Frederick Rd.Balto.29. Md. April 10/50 Loudon Park 3801 ADDRESS 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR 4101 Edmondson Ave. 134a

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	=	NAME OF D	FCFASED				La DATE			
	(T	ype or Print)	B	L Y	ICEAT	een, Bosley	2. DATE OF DEATH	9-50		
		PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If B. COUNTY	institution: residence before admission)		
	В.	FULL NAME		ital or institut	ion, give street address or	md	Carroll	5600		
		STITUTION	1512517)	, Ho	location)	c. CITY OR TOWN	If outside corporate limit	s, write RURAL and give township)		
bly		0	1816 3// /	710	Yrs.	D. STREET ADDRESS (I	f rural, give location)			
legribl			tay in Baltimore		Mos. Days					
y and		SEX	6. COLOR OR RACE	WIDOW	E, MARRIED, ED, DIVORCED (Specify)	a. DATE OF BIRTH aug 21 1877		onths Days Hours Min.		
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death	13	FATHER'S N	ules His	eter		14. MOTHER'S MAIDEN I				
of	15 (Yes	, na or unknown)	D EVER IN U. S. ARM (If yes, give war nr da	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Stanley Book	les Findal	DDRESS		
causes		18. 17	1 V		CALIFE	OF DEATH	1 / 200000	INTERVAL BETWEEN		
co c		1/	SE OR CONDITION	DIRECTLY	CAUSE	OF DEATH		ONSET AND DEATH		
the			LEADING TO DE	ATH	Doland	estim acidos	ia (Inquera			
		heart failu	re, asthenia, etc. It me	eans the diseas	e, ()		, , , , , , , , , , , , , , , , , , , ,			
write	injury or complication which caused death.) DUE TO									
se	Z ANTECEDENT CAUSES Ceneralized Cacinomalosis									
please	5	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO								
	A		YING CONDITION							
Physicians:	F		11		(c) Cacı	noma of Cerost				
rsic	RT	OTHER S	II SIGNIFICANT CONI	DITIONS COL	٧.	0				
Phy	빙	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
	4	19A. DATE C	F OPERATION	19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?		
ant	CA	214 ACCIDE	NT, SUICIDE,	1 21m DI /	ACE OF INJURY (e. g., i	a or 21c. WHERE DID	(If in Baltimore City,	YES NO K		
important.	ED	HOMICIDE	(Specify)	about hame,	arm, factory, street, nflice bldg.,	injury occur?	(12 iii Datemore Orty,)	sive exact iocations		
im	2	210. TIME (Month) (Day) (Yea	r) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	RY OCCUR?			
allw		OF INSURI		m.	WHILE AT NOT WHILE					
		22. I hereb	u certify that I a	ttended the	deceased from C.	- 6 - 1950 to	4-9- 195	, that I last saw the		
especi		deceased al	ive on 4 - 9 -	19 50	and that death occur	red at 122 A.m., from	the causes and on t	he date stated above.		
13.		23A. SIGNA	TURE		2	3B. ADDRESS		23c. DATE SIGNED		
age		AA. BURIAL, C	DEMA SATE DATE	mo	M. D.	Univ. Hoof	LOCATION (City, town,	or county) (State)		
		SEMOVAL (S		150	Dew Par		woll to	or country (source)		
correct		ATE RECEIVE	D BY REGISTRAL	SIGNATU	larly 11/2	25. FUNERAL DIRECTOR	Son Heston	ADDRESS		
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death

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Letter in document file 50-3297. 5/31/50.

BALTIMORE CITY HEALTH DEPARTMENT Registered No_ CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE OF APR 8 - 1950 DEATH 4. LIVAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B_COUNTY . before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township Yrs. (ligural gire location) D. STREET ADDRESS Mos. c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) H Under 1 Year 8. DATE OF BIRTH last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 10A USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? M.C Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Schnauffer Mary H. West. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. OHNS HOPKINS HOSPITE causes INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH the DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING ď RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. Physicians: (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION V 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY mportant. (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE ATT WORK 22. I hereby certify that I attended the deceased from 4. 1900, that I last saw the 1910 2.m., from the causes and on the date stated above. deceased alive on_ , and that death occurred at o 23B. ADDRESS 23A/SIGNATURE 23C DATE SIGNED S TORRE MUDRIES MUCHANIA 244. BURIAL, CREMA-TION REMOVAL (Specify) 24c. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) St.Marks Frederick t.Marks Burial 4-11-1950 St.Mark's REGISTRAR'S SIGNATURE DATE RECEIVED BY 25. FUNERAL DIRECTOR I knuturo/ LOCAL REGISTRAR M.R. Etchison & Son Frederick.Md. VS 150

	A. Comment	
J. North		
	6037	
10 1 No. 10	TATE OF A	A CANADA A SANCER OF THE SANCE
87.7		
A Market Street Property		

Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAP

VS 150 TO BE APPROVED BY CHIEF MEDICAL

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important.

M.J. Mc Clafferty M.D. CHIEF OR ASS I MEDICAL EXAMINER

THE TOTAL YELD AN UNVOICE OF U.

50 3300 3300 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived If institution : residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) IOHNS HOPKINS HOSPITE C. CITY OR TOWN of outside corporate limits, write RURAL and give Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 9 AGE (In years If Under 1 Year WIDOWED, DIVORCED (Speily) last binthday) Months; Days Hours: Min. Marrie 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work one during most of working life, even if retired) INDUSTRY WHAT COUNTRY usse 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME areus una 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or pphnown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Physicians: 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FANDINGS OF OPERATION 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT AT WORK WORK 22. I hereby certify that I attended the deceased from 3 - 3/-19 500 4 - 9 - . 19 50 that I last saw the 2.19 Ld and that death occurred at Zi Bh., from the causes and on the date stated above. deceased alive on 23c. DATE ONED 23A, SIGNATUR 23s. ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) EMETERY OR CREMATORY -10amoval 25. FUNERAL DIRECTOR DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

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and the second second

50 3301 Registered No. 4. USUAL RESIDENCE (Where deceased lived, In institution: residence before admission) (If outside corporate limits, write RURAL and give If Under i Year last birthday) Months; Days Hours; Min. 12. CITIZEN OF WHAT COUNTRY? **ADDRESS** INTERVAL BETWEEN ONSET AND DEATH

> NO 6 YES (If in Baltimore City, give exact location)

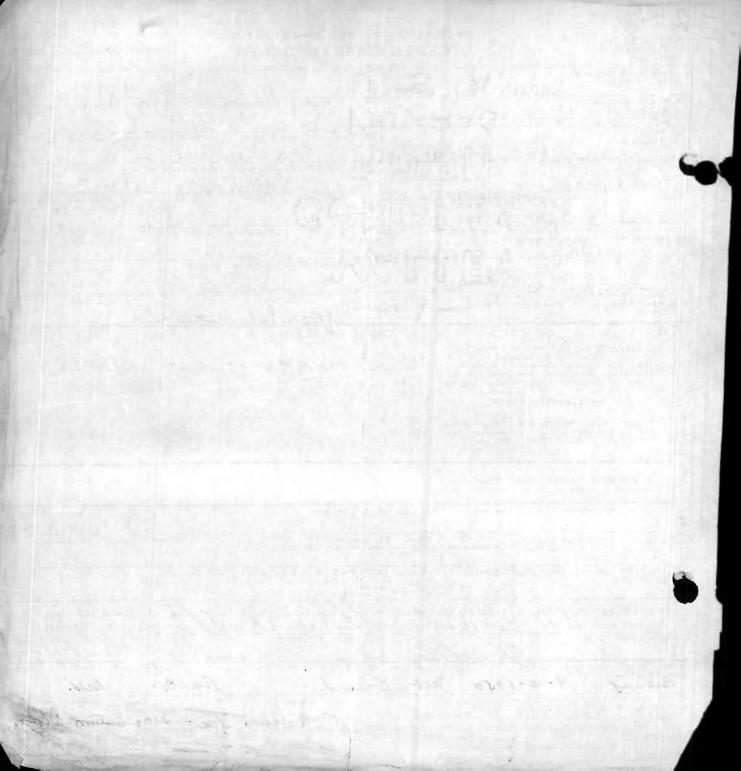
, 19 2 that I last saw the 23C. DATE SIGNED

5. FUNERAL DIRECTOR human / Misula, his

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LOCAL REGISTRAR



VS 150

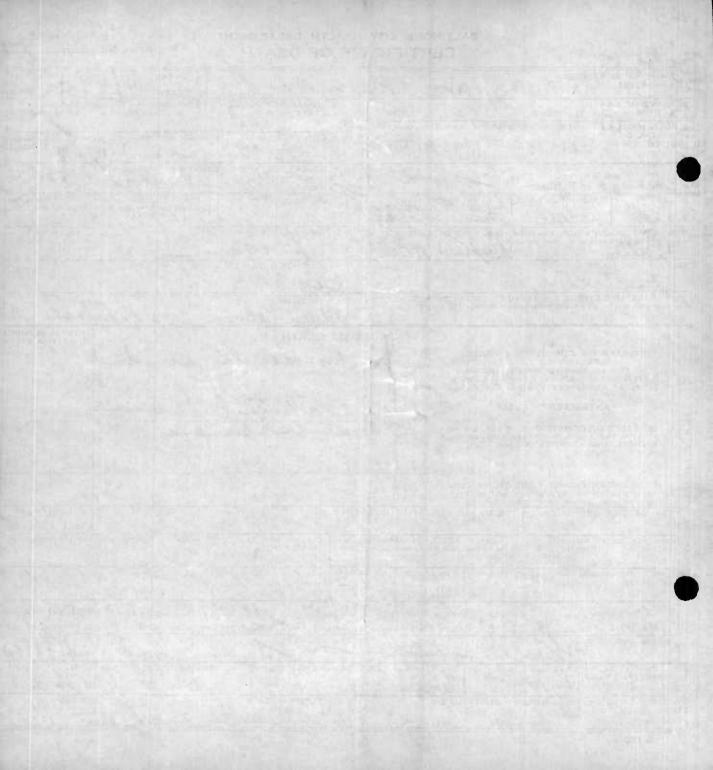
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3302

1. NAME OF (Type or Prin						
		, 4			2. DATE OF ADD	11 4 19 CA
3. PLACE OF		7 118	IEDEN War	1 4. USUAL RESIDENCE (Where desegred lived If	invitation i residence
	City, Maryland			A. STATE	B. COUNTY	before admission)
B. FULL NAM		lal or institutio	n, give street address or			
HOSPITAL O			location)	C. CITT OR TOWN	f outside corporate limit	s, write RURAL and give
10	2412 W.	1509ERS	SAUE	BALTIMORE	la 1º	-/3 township
		, .	Yrs.	D. STREET ADDRESS (1)		
c. Length of	f stay in Baltimore	LIFE	Mos. Days	2412 W.	ROGERS A	UE
5. SEX	6. COLOR OR RACE	7. SINGLE.	MARRIED. D. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years Mo	Under I Year II Under 24 Hours nths: Days Hours: Min.
MalE	WhITE	WII		SEPT 21-1864	last off tilday) into	nens Days Hours will.
IOA. USUAL	OCCUPATION (Give kind of	I 10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or :	foreign country)	12. CITIZEN OF
ork dependering m	out of working life, even if retired)		INDUSTRY	BRUTIMORE,	Ma	WHAT COUNTRY
13. FATHER'S				14. MOTHER'S MAIDEN N	IAME	U. S. A.
11 .	1 -			0	ADME	
HARON	1 1/100010			BERTHY BAI	M 99RTNER	
15. WAS DECE Yea, no or unkno	ASED EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Al	DDRESS
				MRS. MYER STRA	1055 - 2412	W. RogERS A
18. 4	20.0		CAUSE	OF DEATH		INTERVAL BETWEEN
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	ANTECEDENT CAUS	SES				
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	R SIGNIFICANT COND					
TRIBUT		NOT RELATED				
TRIBUT	R SIGNIFICANT COND ING TO THE DEATH, BUT E DISEASE OR CONDITION	NOT RELATED		RATION		20. AUTOPSY?
TRIBUT TO THI 19A. DAT	R SIGNIFICANT COND ING TO THE DEATH, BUT E DISEASE OR CONDITION E OF OPERATION	NOT RELATED N CAUSING IT 198. MAJOR	FINDINGS OF OPER			YES NO
TRIBUT TO THI 19A. DAT	R SIGNIFICANT COND ING TO THE DEATH, BUT E DISEASE OR CONDITION E OF OPERATION 1 IDENT, SUICIDE,	NOT RELATED N CAUSING IT 198. MAJOR	FINDINGS OF OPER	in or 21c. WHERE DID	(If in Baltimore City, s	YES NO
TRIBUT TO THI 19A. DAT	R SIGNIFICANT COND ING TO THE DEATH, BUT E DISEASE OR CONDITION E OF OPERATION 1 IDENT, SUICIDE,	NOT RELATED N CAUSING IT 198. MAJOR	FINDINGS OF OPER	in or 21c. WHERE DID	(If in Baltimore City, s	YES NO
TRIBUT TO THI 19A. DAT	R SIGNIFICANT COND ING TO THE DEATH, BUT E DISEASE OR CONDITION E OF OPERATION IDENT, SUICIDE, E (Specify) E (Month) (Day) (Year)	NOT RELATED N CAUSING IT 19B. MAJOR 21B. PLAC about home, far	FINDINGS OF OPER	in or 21c. WHERE DID (etc.) INJURY OCCUR?		YES NO
TRIBUT TO THI 19A. DAT	R SIGNIFICANT COND ING TO THE DEATH, BUT E DISEASE OR CONDITION E OF OPERATION IDENT, SUICIDE, E (Specify) E (Month) (Day) (Year)	NOT RELATED N CAUSING IT 19B. MAJOR 21B. PLAC about home, far () (Hour) 2	FINDINGS OF OPER CE OF INJURY (e.g., i.m., factory, street, office bldg.,	in or 21c. WHERE DID (etc.) INJURY OCCUR?		YES NO
TRIBUT TO THI 19A. DATE 21A. ACC HOMICID 2 ID. TIME OF INJUR	R SIGNIFICANT COND ING TO THE DEATH, BUT E DISEASE OR CONDITION E OF OPERATION IDENT, SUICIDE, E (Specify) E (Month) (Day) (Year) RY	NOT RELATED N CAUSING IT 19B. MAJOR 21B. PLAC about home, far c) (Hour) 2 W1	FINDINGS OF OPER CE OF INJURY (e.g., im, factory, street, office bldg., 1E. INJURY OCCURR HILE AT NOT WHILE AT WORK AT WORK	in or 21c. WHERE DID INJURY OCCUR? RED 21F. HOW DID INJUR	RY OCCUR?	YES NO Prive exact location)
TRIBUT TO THI 19A. DATE 21A. ACC HOMICID 21D. TIME OF INJUR	R SIGNIFICANT COND ING TO THE DEATH, BUT E DISEASE OR CONDITION E OF OPERATION IDENT. SUICIDE, E (Specify) E (Month) (Day) (Year) RY reby certify that I att	NOT RELATED N CAUSING IT 19B. MAJOR 21B. PLAC about home, far () (Hour) 2 w. tended the delivered the delivere	FINDINGS OF OPER CE OF INJURY (e.g., irm, factory, street, office bldg., 1E. INJURY OCCURR HILE AT NOT WHILE AT WORK Leceased from	in or 21c. WHERE DID INJURY OCCUR? RED 21f. HOW DID INJUF	RY OCCUR?	YES NO Frive exact location) C, that I last saw th
TRIBUT TO THI 19A. DATI 19A. DATI 21A. ACC HOMICID 21D. TIME OF INJUE	R SIGNIFICANT COND ING TO THE DEATH, BUT E DISEASE OR CONDITION E OF OPERATION IDENT. SUICIDE, E (Specify) E (Month) (Day) (Year) RY reby certify that I att	NOT RELATED N CAUSING IT 19B. MAJOR 21B. PLAC about home, far () (Hour) 2 w. tended the delivered the delivere	FINDINGS OF OPER CE OF INJURY (e.g., irm, factory, street, office bldg., 1E. INJURY OCCURR HILE AT NOT WHILE AT WORK leceased from nd that death occu	in or 21c. WHERE DID (etc.) INJURY OCCUR? RED 21f. HOW DID INJUF 1949 19 , to fine tred at 10. to fin., from	RY OCCUR?	YES NO Prive exact location) P, that I last saw the he date stated above
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TRIBUT TO THI 19A. DATI 19A. DATI 21A. ACC HOMICID 21D. TIME OF INJUE 22. I her deceased 23A. SURIAI TION, REMOVA	R SIGNIFICANT CONDING TO THE DEATH, BUT EDISEASE OR CONDITION IDENT. SUICIDE. E (Specify) E (Month) (Day) (Year) RY Teby certify that I attached to the condition on the condition of the cond	218. PLAC sbout home, fer m. 2 1 2 2 2 2 2 2 2 2	FINDINGS OF OPER CE OF INJURY (e. g., i.m., factory, street, office bidg., 1E. INJURY OCCURR HILE AT NOT WHILE WORK AT WORK leceased from M. D. 4C. NAME OF CEMETE	in or 21c. WHERE DID (etc.) INJURY OCCUR? RED 21f. HOW DID INJURY 19 , to marred at 10. to m., from 23s. ADDRESS 2212 South	the causes and on the LOCATION (City, town,	yes No Prive exact location) C, that I last saw the date stated above 23c. DATE SIGNED
21A. ACC HOMICID 21D. TIME 21D. TIME 21D. TIME 22D. TIM	R SIGNIFICANT CONDING TO THE DEATH, BUT EDISEASE OR CONDITION IN THE DEATH OF CONDITION IN THE CONTROL OF CONT	218. PLAC about home, for m. (Hour) 2 will tended the day 1950. a	FINDINGS OF OPER CE OF INJURY (e. g., rm, factory, street, office bldg., IE. INJURY OCCURR HILE AT NOT WHILE AT WORK Receased from AT WORK Receased from M. D. 46. NAME OF CEMETE Baltings	in or 21c. WHERE DID (etc.) INJURY OCCUR? RED 21f. HOW DID INJURY 19 , to marred at 10. to m., from 23s. ADDRESS 2212 South	epile, 1955 the causes and on the	yes No Prive exact location) C, that I last saw the date stated above 23c. DATE SIGNED
TRIBUT TO THI 19A. DATI 19A. DATI 21A. ACC HOMICID 21D. TIME OF INJUE 22. I her deceased 23A. SURIAL TION, REMOVA	R SIGNIFICANT CONDING TO THE DEATH, BUT EDISEASE OR CONDITION EDISEASE OR CONDITION IDENT. SUICIDE. E (Specify) E (Month) (Day) (Year) The condition of the c	218. PLAC sbout home, fer m. 2 1 2 2 2 2 2 2 2 2	FINDINGS OF OPER CE OF INJURY (e. g., rm, factory, street, office bldg., IE. INJURY OCCURR HILE AT NOT WHILE AT WORK Receased from AT WORK Receased from M. D. 46. NAME OF CEMETE Baltings	in or 21c. WHERE DID (etc.) INJURY OCCUR? RED 21f. HOW DID INJUF Tred at 10. to m., from 23s. ADDRESS 2212 South ERY OR CREMATORY 24D. HEBREW B	the causes and on the LOCATION (City, town,	Pyes No Prive exact location) C, that I last saw the last stated above 23c. DATE SIGNED or county) ADDRESS
21A. ACC HOMICID 21A. ACC HOMICID 21b. TIME 21b. TIME 22c. I her deceased 23a, SIGI 24a. BURIAL DATE RECEI	R SIGNIFICANT CONDING TO THE DEATH, BUT EDISEASE OR CONDITION EDISEASE OR CONDITION IDENT. SUICIDE. E (Specify) E (Month) (Day) (Year) The condition of the c	218. PLAC about home, for m. (Hour) 2 will tended the day 1950. a	FINDINGS OF OPER CE OF INJURY (e. g., rm, factory, street, office bldg., IE. INJURY OCCURR HILE AT NOT WHILE AT WORK Receased from AT WORK Receased from M. D. 46. NAME OF CEMETE Baltings	in or 21c. WHERE DID (etc.) INJURY OCCUR? RED 21f. HOW DID INJUF Tred at 10. to m., from 23s. ADDRESS 2212 South ERY OR CREMATORY 24D. HEBREW B	the causes and on the LOCATION (City, town,	Pyes No Exirc exact location) C, that I last saw the date stated above 23c. DATE SIGNED OF COUNTY) (State)

Couliner Prod 1837 or . . . Magis

3303 BALTIMORE CITY HEALTH DEPARTMENT 3303 Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE ABRAHAM KOLMAN DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE/ (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate limits, write RURAL and give C. CITY OF TOWN INSTITUTION HOSPITAL Yrs. O. STREET ADDRESS (Maural, give location) Mos. c. Length of stay in Baltimore 9. AGE (In years | Minder I Year | Minder 24 Hours | Months | Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH nale newweed 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) NO KIND OF BUSINESS OR 12. CITIZEN OF work downuring most of working life, even if retired) INDUSTRY WHAT COUNTRY? SSI 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) | (If yes, give wer or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 18. 443 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION NO V 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or HOMICIDE (Specify) about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK 1950 to 4 ., 1952, that I last saw the 22. I hereby certify that I attended the deceased from_ m., from the causes and on the date stated above , 1950, and that death occurred at 12 deceased alive on_ 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS 24D. LOCATION (City, Jown, or county) 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL. CREMA-24B. DATE TION, REMOVAL (Specify) Jura ADDRESS UNERALDIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR ewes Act 10 1050 houses a nors VS 150



Vinitagion Hilliams, Mr.

22. I hereby certify that I attended the deceased from 7 4 13 , 1950, to 9, 1950, that I last saw the deceased alive on and 1950, and that death occurred at 9:45 A.m., from the causes and on the date stated above. 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24p. LOCATION (City, town, or county) Burial April-10-1950 Druid Ridge Cemetery Pikesville, Maryland, DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

VS 150

LOCAL REGISTRAR

City #1.

Stewart & Mowen Co., 108 W. North Ave.,

before admission)

stownship)

It Under 24 Hours

WHAT COUNTRY?

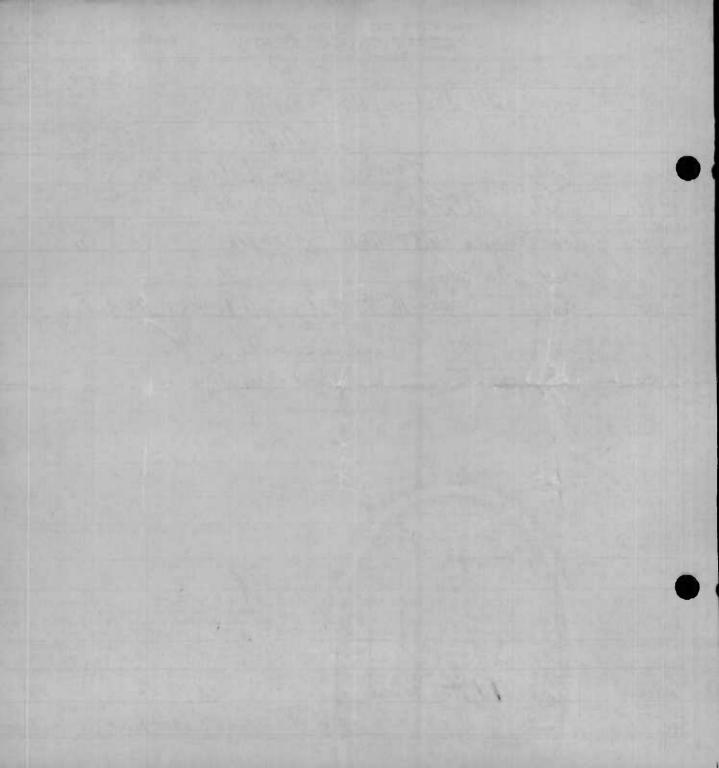
NTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY?

NO V

BALTIMORE CITY HEAL Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution, residence A. Baltimore City, Maryland B. COUNTY before admission) I not in hospital or institution, give street HOSPITAL OR ocation) (If outside corporate limits, write RURAL and give INSTITUTION Yrs. Mos. Length of stay in Baltimore AGE (In years) 7. SINGLE, MARRIED. If Under 1 Year last birthday) Months Days Hours Min. WED DIVORCED (Specify) 108. KIND OF (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO ho 18. 20. AND DEAT DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) TUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING TUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY 21A. EXTERNAL CAUSE WAS
PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)
CAUSE OF DEATH. 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT AT WORK 22. I certify that I took charge of the remains described above, held an thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my spinion resulted from matural causes , accident , suicide , homicide , undetermined . 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ... age MEDICAL INVESTIGATOR BURIAL, 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or dunty) (State) TION REMOVAL (Specify) RECEIVED BY ADDRESS REGISTRAR



24c. NAME OF CEMETERY

Holy Rosary

REGISTRAR'S SIGNATURE

winds or findante in

25. FUNDRAL DIRECTOR

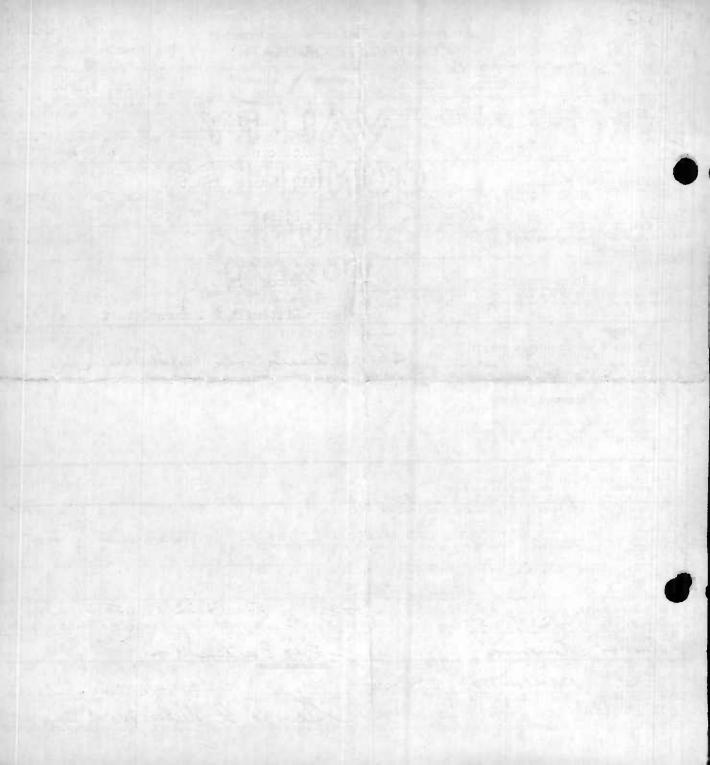
24D. LOCATION (City, town, or county)

ADDRESS

Baltimore-County, Md.

TION, REMOVAL (Specify)
Burial

DATE RECEIVED BY

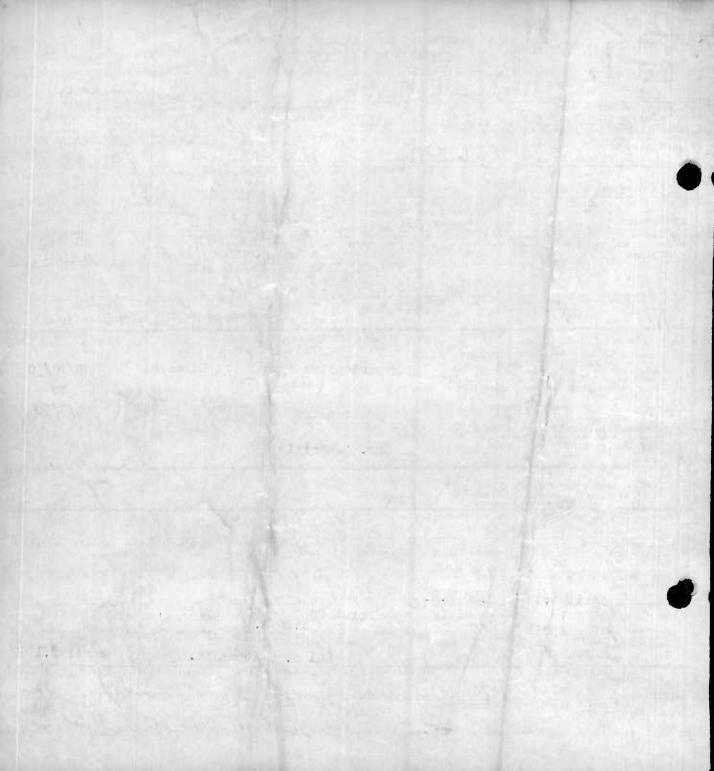


especiany important. Inysicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3307

E	DIRTH NO.	CERTIFICAT	E OF DEATH	Registered N	0. 3307
1	NAME OF DECEASED Type or Print) Grac	e E. Taylor	1,	OF CYCL	il 6,1950.
	. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE		nstitution : residence before admission)
H	IOSPITAL OR	stitution, give street address or location)	mayle	If outside corporate limits,	
/	NSTITUTION 1524 ILan		Baltino	ne 16-	township
	. Length of stay in Baltimore	Yrs. Mos. Days	1524 Jan	1	
5	The Will	NGLE, MARRIED, DOWED, DIVORCED (Specify)	march 8, 189	9. AGE (In years Mon Jast birthday) Mon	Under I Year If Under 24 Hours this Days Hours Min.
To wor		KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
1:	3. FATHER'S NAME	Ensley.	14. MOTHER'S MAIDEN		2.0.4
1 (Y	5. WAS DECEASED EVER IN U.S. ARMED FORCE es, no crunknown) (If yes, give war or dates of service	16. SOCIAL SECURITY NO.	John H. Jay	plor. 1524°	DRESS Tarlem are,
	18. 442 X	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the d	e.g., (A) Hyperte	ensive Type Hear	t Disease	3/20/50
	injury or complication which caused of				to
z	ANTECEDENT CAUSES	(B) Hyper	tension		4/5/50
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, OR RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST,	SIVING	Nephritis		
CERTIF	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSI	LATED mone			
L		JOR FINDINGS OF OPER	RATION		20. AUTOPSY?
DICA	21A. ACCIDENT WAS UNDER- 21B.	PLACE OF INJURY (e. g., i	in or 21c. WHERE DID	(If in Baltimore City, gi	YES NO
MED	LYING OR CONTRIBUTING about h	nome, farm, factory, atreet, office bldg.,	etc.) INJURY OCCUR?		
2	OF INJURY (Month) (Day) (Year) (Hour)	The second of th		RY OCCUR?	PART PAR
	ANN HANDERS HANDERS HANDERS	AT WORK		April 5 5	0
	22. I hereby crify that I attended deceased after on April 5,195	the deceased from Mar. o and that death occur	rred at 4:20 1950 to	the causes and on the	
	23A, SIGNATURE	les M.D.	601 N. Calhoun		April 1950
Z TI	4A. BURIAL CREMA- 24B. DATE ON, REMOVAL (Specify) April 10,19	242. NAME OF CEMETE		LOCATION (City, town, a	or county) (State)
	ATE RECEIVED BY REGISTRAR'S SIGN	IATURE	25. FUNERAL DIRECTOR		ADDRESS 322N



DATE RECEIVED BY IREGISTRAR'S SIGNATURE

LOCAL REGISTRAR

VS 150

23c. DATE SIGNED 4-8-1950

26 FUNERAL DIRECTOR

before admission)

township)

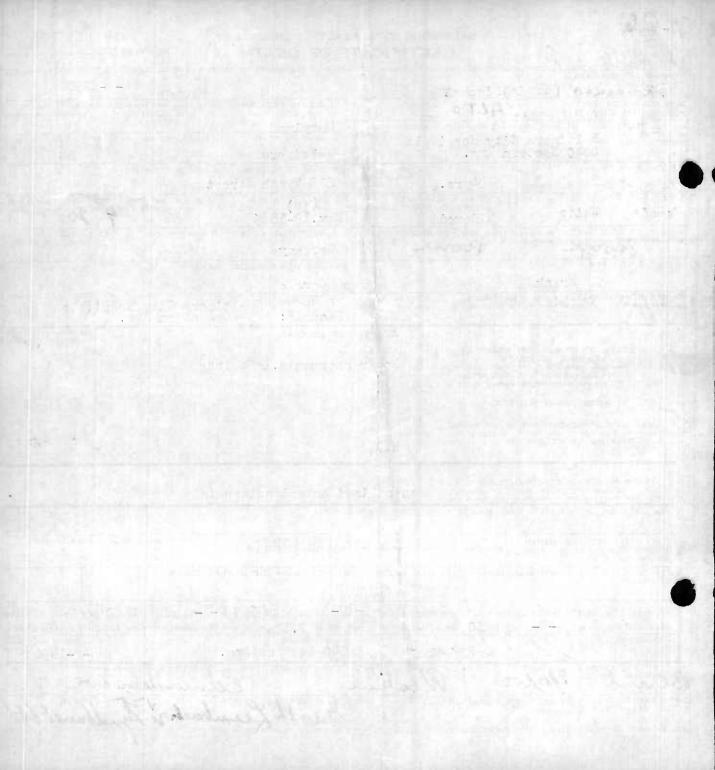
Il Under 24 Hours

Hours! Min.

WHAT COUNTRY

INTERVAL BETWEEN ONSET AND DEATH

20. AUTOPSY?



\-	BALTIMORE CITY HEALTH DEPARTMENT 50 330 BIRTH NO. 3309 O.C. 50 - 07377 CERTIFICATE OF DEATH Registered No.						
ea.	(T		aby Girl	Kelly	2. DATE OF 4 - 9 - 50		
ddne	В.	PLACE OF DEATH: Baltimore City, Maryland VA FULL NAME OF (If not in hospit	tal or institution, give street address or	A. USUAL RESIDENCE (W	There deceased lived. If institution: residence B. COUNTY before admission,		
ly.		DISPITAL OR UNION Me	morial Hospital	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township			
legib		Length of stay in Baltimore	Yrs. Mos. 3 — Days	D. STREET ADDRESS (If rural, give location)			
y and	F	emale White	WIDOWED, DIVORCED (Specify)	4-6-50	9. AGE (In years) If Under I Year last birthday) Months: Days Hours Min.		
clearly	work	A. USUAL OCCUPATION (Give kind of a done during most of working life, even If retired) New Born	(10B. KIND OF BUSINESS OR INDUSTRY	Md., U. S.A.	reign country) 12. CITIZEN OF WHAT COUNTRY		
death		Leonzal R.	Ke 1/y	14. MOTHER'S MAIDEN NAME Eva BAL9hy			
jo ses	15 (Yes	. WAS DECEASED EVER IN U. S. ARMEI s. no or unknown) (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	W. F. Stende	Md. Baltimore md		
e causes		18. 754 4 DISEASE OR CONDITION	DIRECTLY	OF DEATH	INTERVAL BETWEEN		
write th		LEADING TO DEA' (This does not mean the mode of heart failure, asthenia, etc. It mea injury or complication which of	of dying, e.g., (A)	erebral A	1 NOX 12 3 dags		
please w	Z	ANTECEDENT CAUS	(B) CY INOTIC CONSENITS/ 3 dose				
	CATIO	DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE DUE TO		Hezat Disease		
Physicians:	RTIFI	II OTHER SIGNIFICANT CONDI	OITIONS CON-	I Monge	1/2/ Desecto 3 days		
Phy	CE	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 1		0	20. AUTOPSY1		
important.	DICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	218. PLACE OF INJURY (e. g., in about home, farm, fectory, street, office bldg., e		f in Baltimore City, give exsct location)		
	ME	21D. TIME (Month) (Day) (Year) OF INJURY) (Hour) 21E. INJURY OCCURRE		occur?		
ecially		22. I hereby certify that I att	m. WHILE AT NOT WHILE AT WORK tended the deceased from 4	- 6 ,1950, to 4	4 - 9, 19 _5,9that I last saw th		
is espe		deceased alive on 4. 9	_, 1950, and that death occur	3B. ADDRESS	the causes and on the date stated above		
age	24 TIC	AA. BURIAL, CREMA- 24B, DATE ON REMOVAL (Specify)	M. D. 24C. NAME OF CEMETER	Inton Memorial RY OR CREMATORY - 24D. LC	DCATION (City, town, or county) (State)		
correct	D	ATE RECEIVED BY REGISTRAR	SSIGNATURE	25. FUNERAL DIRECTOR	Many Mals, Carol Jul.		
0	-	VS 150	o Milianis, me	C. Harry D	vew-dykesvelle, we		
	!				157E		

INTEREST NO SEASON TO SEAS

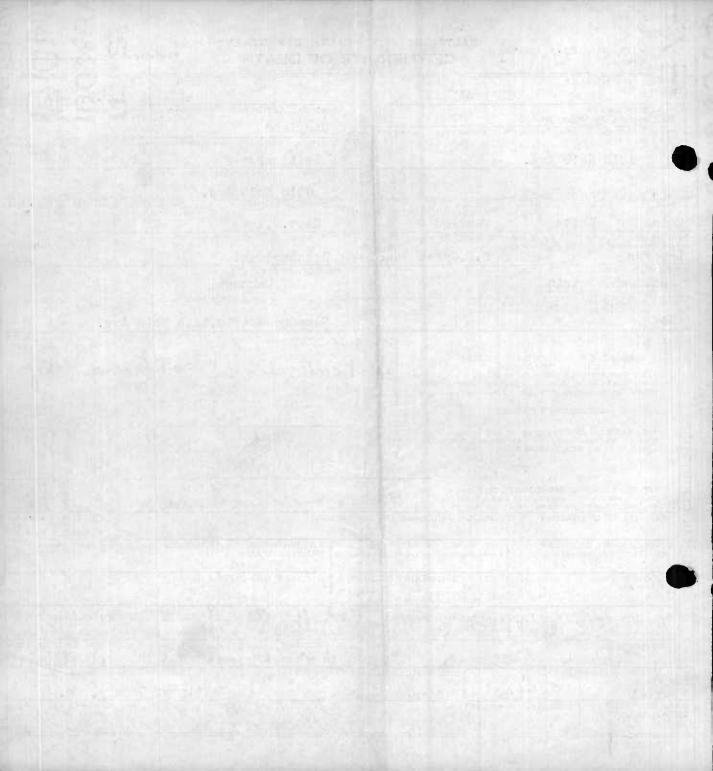
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VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 3310

Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) OF JOHN BATRIN Apr.8,1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and glve STITUTION township) 4215 Kolb Ave. Baltimore Yrs. p. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 4215 Kolb Ave. Days 9. AGE (In years | H Under | Year | H Under 24 Hours | Last birthday) | Months | Days | Hours | Min. 5 SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Male White Married Sept.5.1880 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Laborer U.S.Coast Guard Czechsolyaki 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (Unknown) Batrin Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. No Suzanna Batrin, 4215 Kolb Ave. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH vieoscler Tie Kaset DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-D Cos leur R TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT, SUICIDE, 21c. WHERE DID (If in Baltimore City, give exact location) (Specify) HOMICIDE about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY 1948 to april 8 100 · 11 . 1950 that I last saw the 22. I hereby certify that I attended the deceased from-A 1950, and that death occurred at 4:30 m., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED us. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Baltimore County, Md. Burial Sacred Heart FUNCAL DIRECTO DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR

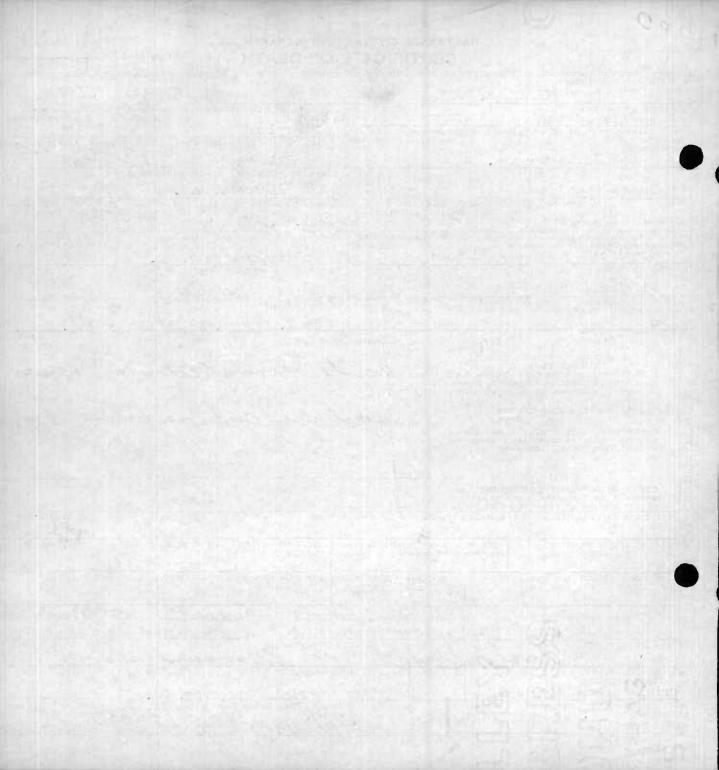


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BALTIMORE CITY HEALTH DEPARTMENT

50 3311 Registered No.

BIRT	1 No. 33:	11		CERTIFICATI	E OF DEATH	Registered	I No
1. NA	NAME OF DECEASED Type or Print) MOLLIE L. DRUERY				2. DATE OF Apri	1 7,1950	
A. Ba	. PLACE OF DEATH: . Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE B. COUNTY before admission			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) NSTITUTION					c. CITY OR TOWN	(If outside corporate lin	nits, write RURAL and giv
0.0	448 Illchester Ave.			Baltimore	14		
c. Le	ength of sta	ny in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS	1	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)				E, MARRIED, VEQ, DIVORCED (Specify)	8. DATE OF BIRTH Sept.12,1872	9. AGE (In years last birthday)	M Under Year M Under 24 Hours Min
work don	e during most of	working life, even if retired		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY
	Housewife At Home 3. FATHER'S NAME			Baltimore County, Md.			
	William	m H, Sanders			Sarah Chile		
15. W (Yes, no	AS DECEASED or unknown)	EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1	No				Wm T. Druer	v.//8 Illches	ter Ave.
ERTIFICATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)			te Coronay tensive car	dis vasculas	asus 5 y/PS	
0	TO THE DISEASE OR CONDITION CAUSING IT.					20. AUTOPSY?	
CAL	PA. DATE OF	OPERATION	19B. MAJOR	R FINDINGS OF OPER	ATION		YES NO
- 6	IA. ACCIDEN OMICIDE	NT, SUICIDE, (Specify)	21B. PL about home,	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	a or 21c. WHERE DID stc.) INJURY OCCUR?	(If in Baltimore City	y, give exact location)
	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY MHILE AT NOT WHILE TWORK TWORK						
d	22. I hereby certify that I attended the deceased from ON. 4, 1950, to April 7, 1950, that I last saw deceased alive on April 6, 1950, and that death occurred at I on Am., from the causes and on the date stated about						
	Lloyd E. Saylore 3902 Greenmountan. april 7/19						
24A. TION. Bill	BURIAL CI REMOVAL (Sp	REMA- 24B. DATE	50	24c. WAME OF CEMETE Meadow Ridge	The second second second	Ocation (City, to	wn, or county) (State
DATE	RECEIVED		SIGNAT		25. PUMERAL DIRECTO	09/ 0 //2-	ADDRESS
	AL REGISTR	AR 3	mom 4 1 ()	autio, Alice	William Cox	med all	Moul &



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20. AUTOPSY YES (If in Baltimore City, give exact location) 4-9, 195, that I last saw the 22. I hereby certify that I attended the deceased from # - 8 19 70 to_ .m., from the causes and on the date stated above. deceased alive on # ? ___. 19_50 and that death occurred at 10 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, GREMA-24C. NAME OF CEMETERY OF CREMATORY 24B. DATE TION REMOVAL (Specify) Buria 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR

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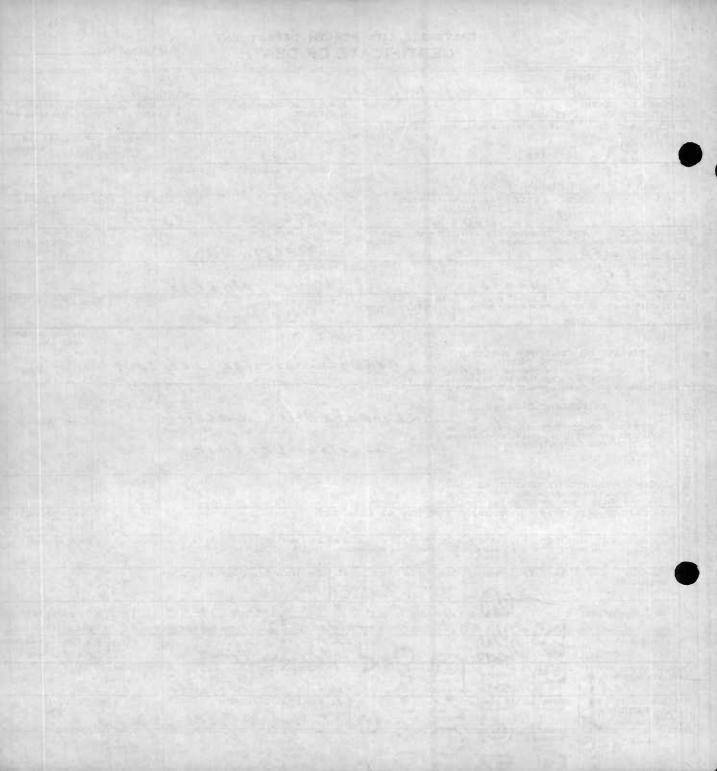
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WHAT COUNTRY

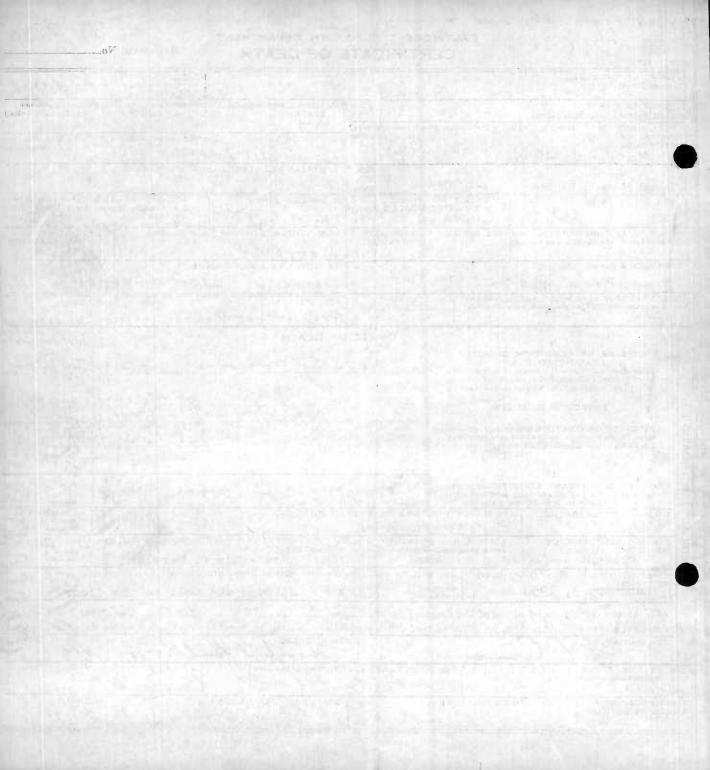
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1		50	2242			EALTH DEPARTMENT	U X	50 3313	
1	BI	RTH NO.	99T9		CERTIFICAT	E OF DEATH	Registe	ered No.	
1		NAME OF I	Christi	ne	Parker		2. DATE OF DEATH	4/9/50	
		PLACE OF I	City, Maryland			4. USUAL RESIDENCE (W	here deceased li		
-	В.	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)			Md. barroll				
	Maryland General Hospital					C. CITY OR TOWN (If outside corporate limits, write RURAL and give township			
	Yrs.					D. STREET ADDRESS (If rural, give location)			
0	c. Length of stay in Baltimore Unknown Mos. Days					A			
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)				ED, DIVORCED (Specify	B. DATE OF BIRTH 9. AGE (In years last birthday) Months: Days Hours Min.			
	10A. USUAL OCCUPATION (Givehind of 10B. KIND OF BUSINESS OR ork done during most of working life, even if retired)			11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY			
-	None			Maryland U.S.					
	13.	- 1	rich Ha	201		14. MOTHER'S MAIDEN NA	lert > L	000000	
	15	. WAS DECEAS	ED EVER IN U. S. ARME		16. SOCIAL	17. INFORMANT		ADDRESS	
	Y es	No or nnknown	(If yes, give war or date	s of service)	SECURITY NO.	Mes. Arthur Ba	erton.		
200		18. E 9	03.0			OF DEATH		INTERVAL BETWEEN	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)							- 2 wks		
	ANTECEDENT CAUSES					Semlety	CERTIFICAT	TION APPROYED BY	
2	O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.				vG (=)	7	for: C.J	Lubinski, M.D.	
							CHIEF OR AS	ST. MEDICAL EXAMINER.	
	RT	OTHER	II SIGNIFICANT COND	ITIONS CO	(C)	, , , , , , , , , , , , , , , , , , , ,			
	CE	TRIBUTIN	IG TO THE DEATH, BUT	NOT RELAT	ED Frac	ture of le	f + fe	, mon	
	AL	19A. DATE	OF OPERATION 0 1	-	FINDINGS OF OPE			20. AUTOPSY?	
	DICA		ENT, SUICIDE,	218. PL	Cture left ACE OF INJURY (O. B.		f in Baltimore	City, give exact location)	
			(Specify)	about home,	farm, factory, street, office bldg., home	New Windso	r. Marvla	and	
		21D. TIME OF INJURY	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	RED 21F. HOW DID INJURY			
Carry	February 3, 1950 while AT NOT WHILE X Slipped and fell to the floor							the floor	
Tool I	22. I hereby certify that I attended the deceased from 2/4, 1959 to 4/9, 1959 that I last s							19Sothat I last saw th	
2		deceased of		_, 19_5_0	and that death occu	rred at 3 m., from the 23B. ADDRESS	re causes and	on the date stated above 23c. DATE SIGNED	
2		23A, 31GIVA	2. Celer	un	M. D.	Mayland &	Ilday	n 4/5	
0						, town, or county) (State)			
anation .	1	surra	1124	50	mr. U	LIVET	Sulto.	ADDRESS	
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		VS 150	820.10					186a	
		/ /	,	7					



50 3314 Registered No.

2. DATE (Philip) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence O before admission) B. COUNTY 6.04 ome 6 C. CITY OR JOWN (If outside corporate limits, write HURAL and give D. STREET ADDRESS (If rural, give location) 9. AGE (In years) H Under I Year | H Under 24 Hours | Instrumental Months | Days | Hours | Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME 17. INFORMANT ADDRESS locklick 1000 Donneful heresa-INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH ARTERIOSCLEROSIL DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) HYPERTENSIVE CAROLO (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, ASCULBA DISCASE injury or complication which caused death.) ANTECEDENT CAUSES POSTATIC PNEUMONIA DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO 4 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY NOT WHILE 19 , 19 ___, that I last saw the 22. I hereby certify that I attended the deceased from. , to. ___ and that death occurred at / 2: yem., from the causes and on the date stated above. deceased alive on 19 23A. SIGNATURE 23c. DATE SIGNED

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24A. BURIAL, CREMA-TION, REMOVAL (Specify)

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24B. DATE

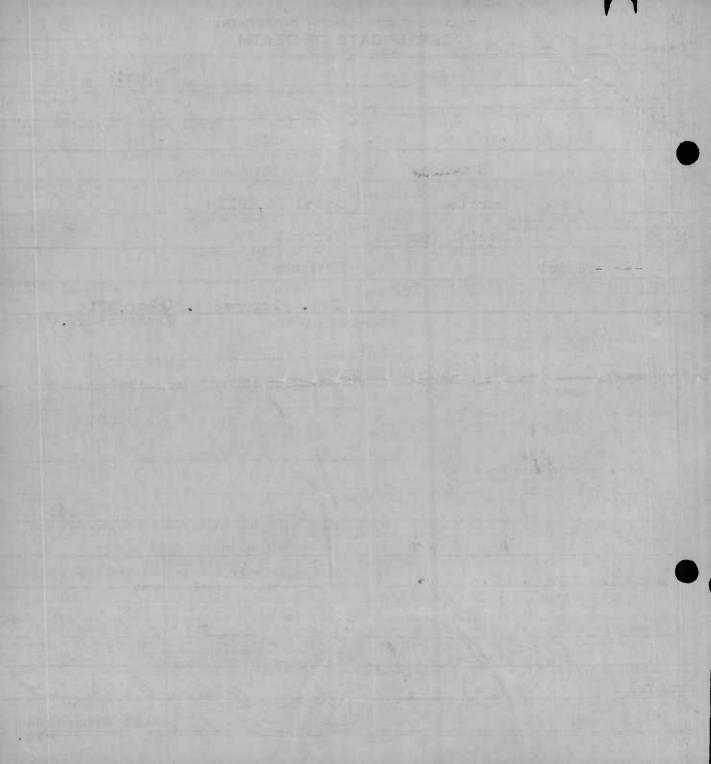
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REGISTRAR'S SIGNATURE

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50 3316 BALTIMORE CITY HEALTH DEPARTMENT Registered No .-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Muss Mangan OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B FULL NAME OF HOSPITAL OR Iocation) (If outside corporate limits, write RURAL and give C. CITY OR TOWN NSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | M Under | Year | H Under 24 Hours last birthday) | Months | Days | Hours | Min. 5. SEX 10A. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY HOUSETORK HOMEL USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME -R3811-15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes. no or nnknown) | (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or nnknown) SECURITY NO. VASHNETON INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Physicians: (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION Yelcontine Colitis 3-4-50 Colice YES 21A. ACCIDENT, SUICIDE. 218, PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give exact location) HOMICIDE (Specify) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY especially NOT WHILE! WHILE AT AT WORK WORK 1999 10 22. I hereby certify that I attended the deceased from 12. 22 . 1950 that I last saw the 1950, and that death occurred at 16 m., from the causes and on the date stated above. deceased alive on 23c. DATE SIGNED 238. APDRESS 23A. SIGNATURE 203 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 248. DATE-DURIE ROS

25. FUNERAL DIRECTOR

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DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

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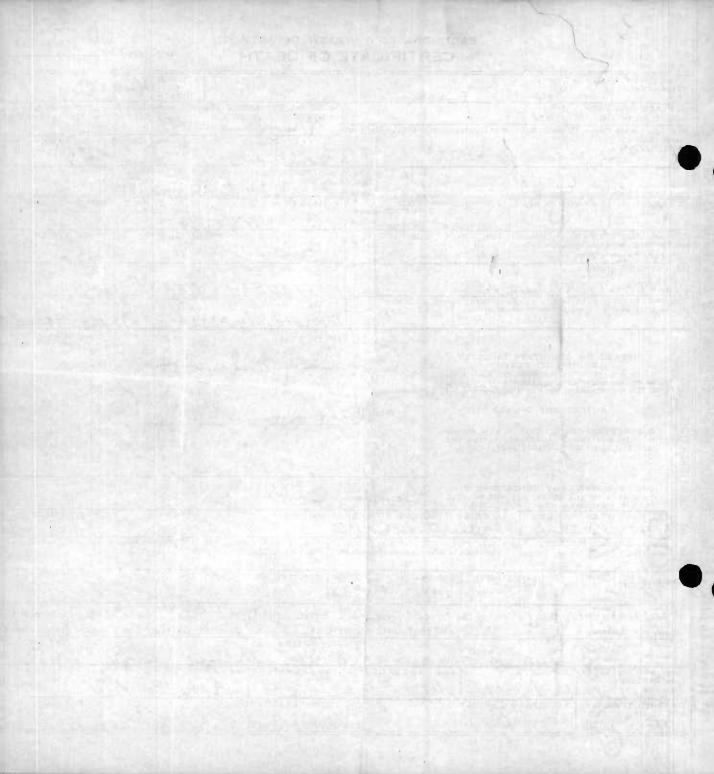
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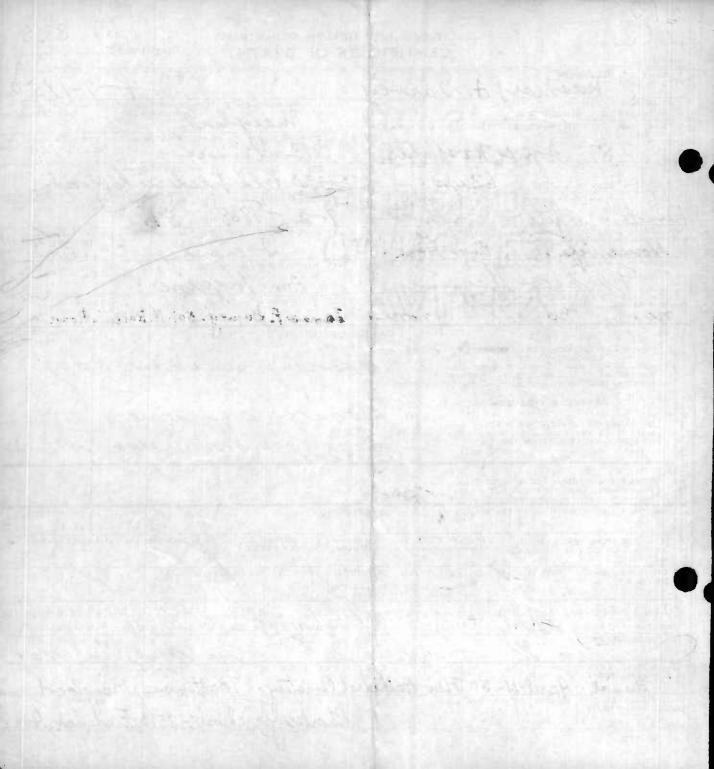
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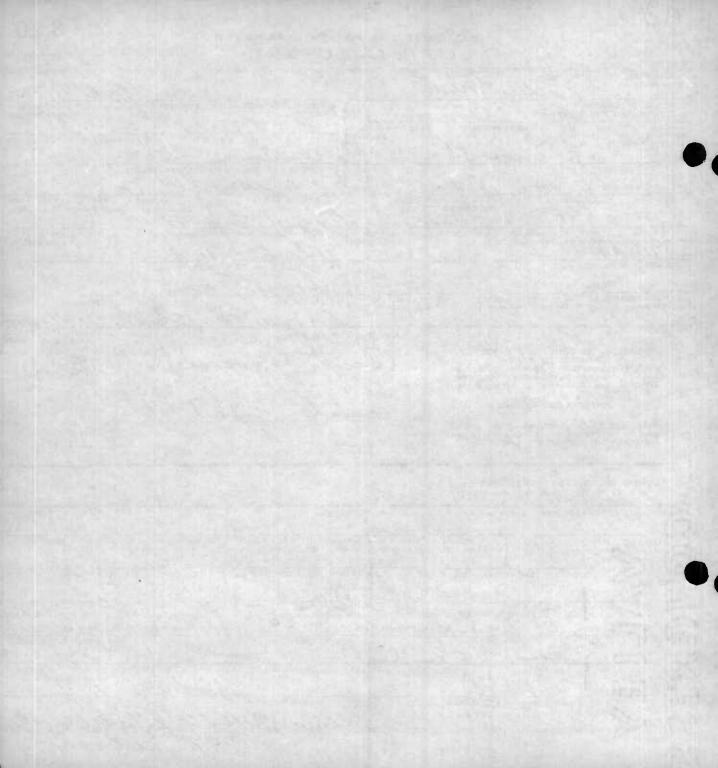
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death



3320 BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased light, If institution: residence
A. STATE
B. COUNTY
before admissi A Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN . (If outside corporate limits, write RURAL and give NSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7 SINGLE MARRIED 9. AGE (in years) H Under 1 Year If Under 24 Hours last birthday) Months Daye Hours Min. WIDOWED, DIVORCED (Specify) Willow 10A. USUAL OCCUPATION (Givekind of 10a, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Widow 13. FATHER'S NAME unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yee, no or naknown) | (If yee, give wer or detee of service) 16. SOCIAL ADDRESS SECURITY NO. 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO Y 218, PLACE OF INJURY (e. g., in or 2 IC. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. about home, farm, factory, etreet, office bidg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT 22. I hereby certify that I attended the deceased from , that I last saw the am., from the causes and on the date stated above. TWW (7 190 0 deceased alive on_ and that death occurred at. 23A. SIGNATURE 23a. ADDRESS 23C DATE SIGNED 24A. BURIAL, CREMA-TION, BEMOVAL (Specify) 248, DATE DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR mania or fillestia, 13 " VS 150



correct age is especially important. Physicians: please write the causes of death clearly and leginiv.

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ALTIMORE	CITY	HEALTH	DEPARTMENT	00
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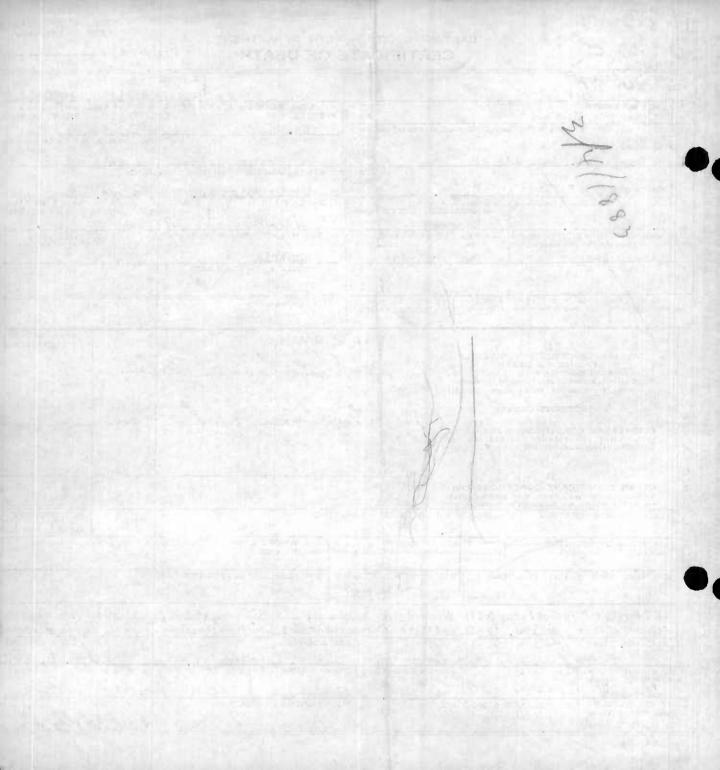
BIRTH NO.	CERTIFICATI	E OF DEATH	registered No.			
1. NAME OF DECEASED (Type or Print) Hattie Foots			2. DATE 4-7-50 OF DEATH			
B. FULL NAME OF HOSPITAL OR SALTIMOTE CITY	tion, give street address or	4. USUAL RESIDENCE (WI A. STATE Md. C. CITY OR TOWN (If of		before admission)		
institution 4940 Eastern Av	7e•	Baltimore	4-6	township)		
c. Length of stay in Baltimore 8 yr	Yrs. Mos. Days	620 W. Saratog				
5. SEX 6. COLOR OR RACE 7. SINGLE WIDOV	E. MARRIED. VED. DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 12, 1918	9. AGE (In years last birthday) Month	der l Year hs: Days H Under 24 Hours Hours Min.		
10A. USUAL OCCUPATION (Give kind of work dooe during most of working life, even if retired)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for N. C.	eign country) 12	CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Alec Patterson		14. MOTHER'S MAIDEN NA Hattie McNeil				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	B. C. H. Record	s, 4940 Easte	rn Ave.		
CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (a) Pulmonary Edema (b) Left Hydronephrosis (b) Left Hydronephrosis Carcinoma of the Cervix with metastal Ca						
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	rindings of oper ordotomy	ATION		YES NO		
3-10-50 Cho 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING aboot home. CAUSE OF DEATH	in Baltimore City, give					
21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 3-2-50 , 19 , to April 7 , 1950, that I last saw the						
deceased alive on April 7 , 19 50		red at 5 AM m., from th 38. ADDRESS 4940 Eastern Ave.		date stated above. 23c. DATE SIGNED 4-8-50		
DATE RECEIVED BY REGISTRAR'S SIGNATILOCAL REGISTRAR	24c, NAME OF CEMETE M Caly JRE		a County G. Ellister	- 10		

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50 3322 BALTIMORE CITY HEALTH DEPARTMENT Registered No_ CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH April 8 Gawlik. Casimer 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY . before admission) B. FULL NAME OF (If not in hospital or institution, give street address or 21.600 location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township St. Joseph's Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos North Point Rd. & Wise Ave B. DATE OF BIRTH 9. AGE (In years In Under 1 Year Min. Months Days Hours Min. c. Length of stay in Baltimore Davs 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 3/4/1883 Widowed 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY Tavern Keeper Austria Own Business 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or ookoowo) | (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or ookoowo) SECURITY NO. INTERVAL BETWEEN 18. 420.0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Bento Sulmman delin LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT. SUICIDE, 218, PLACE OF INJURY (e. g., io or | 21c, WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from April 8, , 1950, to April 8, , 1950 that I last saw the deceased alive on April 8., 1950, and that death occurred at 12:30m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE # 11,00 N. Caroline St. 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) 14-12-50 ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR Thursday or 1860 layer the VS 150



BALTIMORE CITY HEALTH DEPARTMENT 33231 - 66330 Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) 4-8-50 Edward Hammel DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE A. Baltimore City, Maryland B. COUNTY. before admission) B. FULL NAME OF Alf not in hospital or institution, give street address or Baltimore City Hospitals location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give 4940 Eastern Ave. township Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 46 Shipway - Dundalk Life c. Length of stay in Baltimore Dave 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | Il Under 1 Year | Il Under 24 Hours | Nonths Days | Hours Min. WIDOWED DIVORCED (Specify) Male White Nov. 3, 1879 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY U.S. A. PUNTRYT Ma. ARNESS MAKER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Hammel Louise 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO B. C. H. Records, 4940 astern Ave. JONE INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Carcinoma of Rectum (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20 AUTOPSY 2-27-50 Carcinoma of Rectum YES NO 218. PLACE OF INJURY (e. g., in or | 21c. WHERE DID 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 5-26-41 . 19 to April8 , 19 50 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on April 3 . 19 50, and that death occurred at 5.10 zm., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 4940 Eastern Ave. 4-8-50 24A. BURIAL, CREMA-TION REMOVAL (Specify) 1/24C. NAME OF CEMETERY OF CREMATORY 24B, DATE 24D. LOCATION (City, town, or county) (State) DURIAL DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR Thuring or Willasticii VS 150

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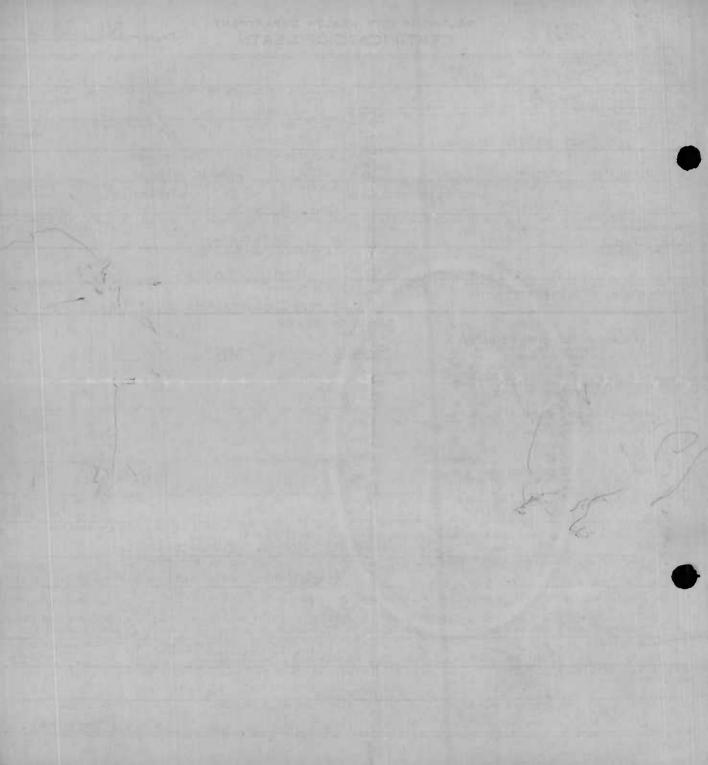
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BALTIMORE CITY HEALTH DEPARTMENT 3324 Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) VTTO DELFONARDO DEATH April 7. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) ('f not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION John Hopkins Hospital Baltimore Yrs. O. STREET ADDRESS (If rural, give location) Mos. 1923 E. Fairmount Avenue c. Length of stay in Baltimore Days 5. SEX 6 COLOR OF BACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. male white single 6 6.1943 Dec. 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) IOB, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR' School Baltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John T. DeLeonardo Juniato Locke 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO John. T. DeLeonardo 1723 Regester CAUSE OF DEATH 19.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Gunshot wound of chest (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. FICA. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY A 21A. EXTERNAL CAUSE WAS PRIMARY A OR CONTRIBUTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21c. WHERE DID INJURY OCCUR? 1923 E. Fairmount Avenue home 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT AT WORK 1950 9.00pm. Apparently shot self while playing with April WORK 22. I certify that I took charge of the remains described above, held an autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \square , accident \boxtimes , suicide \square , homicide \square , undetermined \square . 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER ... 24 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR ... April 8. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county) 4/10/50 Holv Redeemer Belair Rd Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR ESULA !! Broadway, Clarence F. Hoffmann VS 151



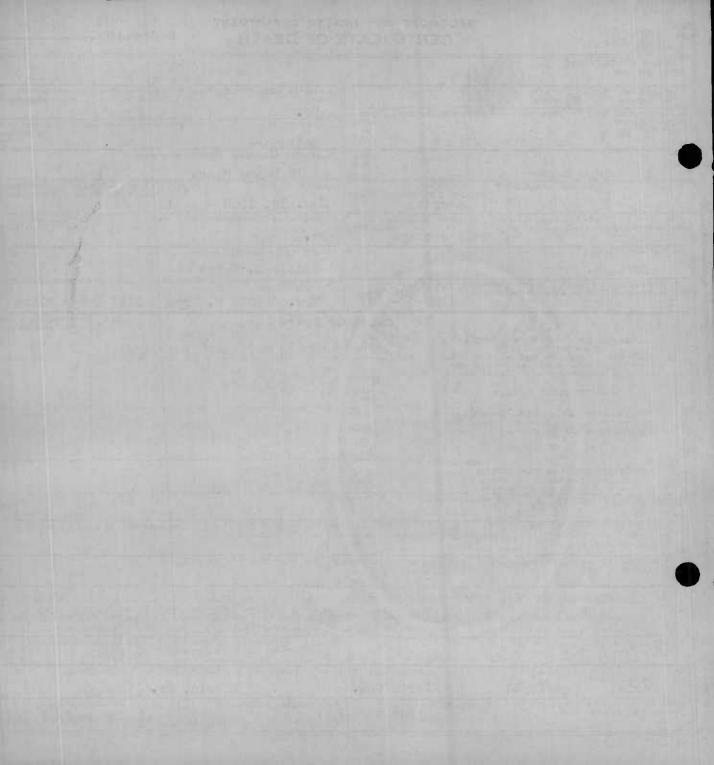
14	-00	CERT	FIFICATE	CORRECTED	4-17-50		
- 11		0000	544		EALTH DEPARTMENT	50	3325
	IRTH NO.	50 3325		CERTIFICAT	E OF DEATH	Registered N	
	NAME OF D	ECEASED				2. DATE	
C	Type or Print)	Loui	is M.Ble	ei		OF Apri	9.1950
	Raltimore				4. USUAL RESIDENCE (W		
В	FULL NAME		pital or institut	ion, give street address o	Md.	2.000	before administrary
	OSPITAL OR	77.07		location	C. CITT OR TOWN	outside corporate limits	write RUKAL and give
÷ (()	1101	Steelto		Baltimore	16	, 00
18	Tomoth of a	ton in Dollinson		Yrs. Mos.			
	. SEX	tay in Baltimore		Days E. MARRIED,	1101 Steelton	AVE . 9. AGE (In years) if	Under 1 Year It Under 24 Hours
m	ale	white	mari	/ED, DIVORCED (Specify っするd	June 3,1872	last birthday) Mon	ths Days Hours Min.
1 1	DA. USUAL OC	CUPATION (Giveking	dof 10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo		12. CITIZEN OF
- Inner	aborer	Retired		of Baltimore			WHAT COUNTRY?
	3. FATHER'S		10 1 0 1	DAL DAL OTHIOL (14. MOTHER'S MAIDEN NA	ME	UaDaRa
		not kno	wn		not kno	wn	
d I	5. WAS DECEAS	ED EVER IN U. S. ARI	MED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS
3 1	no			ozookii i ko	Augusta B.Blei	1101 Steel	ton Ave.
Can	18. 4-	20.1		CAUSE	OF DEATH		INTERVAL BETWEEN
on a	DISEA	SE OR CONDITIO		R.N.	1 1 011	λ.	
2		s not mean the mod ire, asthenia, etc. It r	le of dying, e. s	B., (A) COS	repolestei C.V.	Wesconl	9-12-49
		complication which		i.) DUE TO			
2	ANTECEDENT CAUSES %				yoursiel Faile		4- 3-50
O G	DISEASES OR CONDITIONS, IF ANY, GIVING				yener yanu		
ATI		THE ABOVE CAUSE (
CERTIFIC				and	Coming Ocale	acin	4-6-50
RTIFIC	OTHER	II SIGNIFICANT CON	UDITIONS CO.				
CER	TRIBUTIN	G TO THE DEATH, B	UT NOT RELATE	ED			
		OF OPERATION	198, MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
Y W	2	me		ent			YES NO X
EDICAL	HOMICIDE	ENT. SUICIDE, (Specify)	about home,	ACE OF INJURY (e. g., farm, factory, street, office bldg.		f in Baltimore City, g	ive exact location)
	\	(Month) (Day) (Ye		21E. INJURY OCCURF	RED 21F, HOW DID INJURY	OCCUP?	
2	OF INJURY	Q_		WHILE AT THE MOT WHILE	7 Zen		
la		ma	. m.	WORK AT WORK			1
nadsa	22. I hereb	y certify that I dive on 4-8 -	attended the	deceased from 9	1947, to 9	7 , 19 0	that I last saw the
11	23A. SIGNA			and that death occu	23B. ADDRESS	ie causes and on th	23c. DATE SIGNED
2 2	2	1 Ashin	unk	м. D.	842 & East	leve	4-10-50
T	4A. BURIAL.	CREMA- 24B. DATI		24c. NAME OF CEMETI	ERY OR CREMATORY 24D. LO	OCATION (City, town,	or county) (State)
ו בכר	Burial	4/1	2/50	Oak Lawn	7225 Eastern A	ve.	
בטוובנו	OCAL REGIST	D BY REGISTRA	R'S SIGNATU	incour, it	25. FUNERAL DIRECTOR		ADDRESS
10	2 IU 195	U VALL	2001		Clarence F. Hof	fmann 1639	Broadway.
	VS 150	i		acros	a was		920
11				18878			10/

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3326

В	IRTH NO.		CERTIFICATI	E OF DEATH		
	NAME OF DECEASED E OF	Myer	sFrue		2. DATE OF DEATH AP	ri/8,1950
	PLACE OF DEATH: Baltimore City, Maryland	' /	- 1	4. USUAL RESIDENCE		f institution : residence before admission
8.	FULL NAME OF (If not in hospit	al or institut				
	OSPITAL OR	DI	location)	C. CITY OR TOWN (If outside corporate limi	its, write RURAL and giv
0	18/2 Eutaw	110	<u>e</u> e	Baltimore	19	-03
"			Yrs. Mos.	D. STREET ADDRESS (
	Length of stay in Baltimore	7 611161	Days	1812 Eutaw Pl		
1	10/e White	WIDOW	E. MARRIED. /ED. DIVORCED (Specify) Arried	Dec. 28, 1909		If Under 1 Year If Under 24 Hours Ionths Days Hours Min
10	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
	clerk	cold	storage	Pa.		
13	B. FATHER'S NAME			14. MOTHER'S MAIDEN		
_	Irvin E. Frye			Bessie E. Mye	rs	V
1 S (Ye	WAS DECEASED EVER IN U.S. ARMET e, no or unknown) (if yee, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	no		162-07-5327	Mrs. Goldie E	. Frye 1812	2 Eutaw Place
	18. 4/6 X 1		CAUSE	OF DEATH		INTERVAL BETWEE
	DISEASE OR CONDITION LEADING TO DEA' (This does not mean the mode of heart failure, asthenia, etc. It mea injury or complication which of ANTECEDENT CAUS	TH of dying, e. g ns the diseas aused death	e,	umatic Hea	# Diseys	e 20475.
TIFICATION	DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING TH	E DUE TO			
2	OTHER SIGNIFICANT COND! TRIBUTING TO THE DEATH, BUT					
CE	194. DATE OF OPERATION 1		FINDINGS OF OPER	ATION		20. AUTOPSY?
	. CAN SITTE OF STEINTHONE					YES NO
EDICAL	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.		CE OF INJURY (e. g., is surm, factory, street, office bidg., c		(If in Baltimore City,	
M	21D. TIME (Month) (Day) (Year) OF INJURY	` '	NHILE AT NOT WHILE WORK AT WORK	ED 21F, HOW DID INJUR	RY OCCUR?	
	22. I certify that I took char the evidence obtained by and death in my opinion	said Auto	psy, Inspection or I	nquiyy, find that said	. Itspection or Inquiry deceased died on t	he day stated above
	23A, SIGNATURE	nur	ner, M	238, CHIEF MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGA	EXAMINER	POIT 9,1950
TIC	AA. BURIAL, CREMA: 248. DATE DN. REMOVAL (Specify) Burial 4/12/50		Florin Com.	41	coin, Pa	(State)
D/	ATE RECEIVED BY REGISTRAR	SIGNATU	RE.	25 FUNERAL DIRECTOR	lever Hom	address Ma
VS	151 1950	100	2610	2	7	9512 11
			40000			120

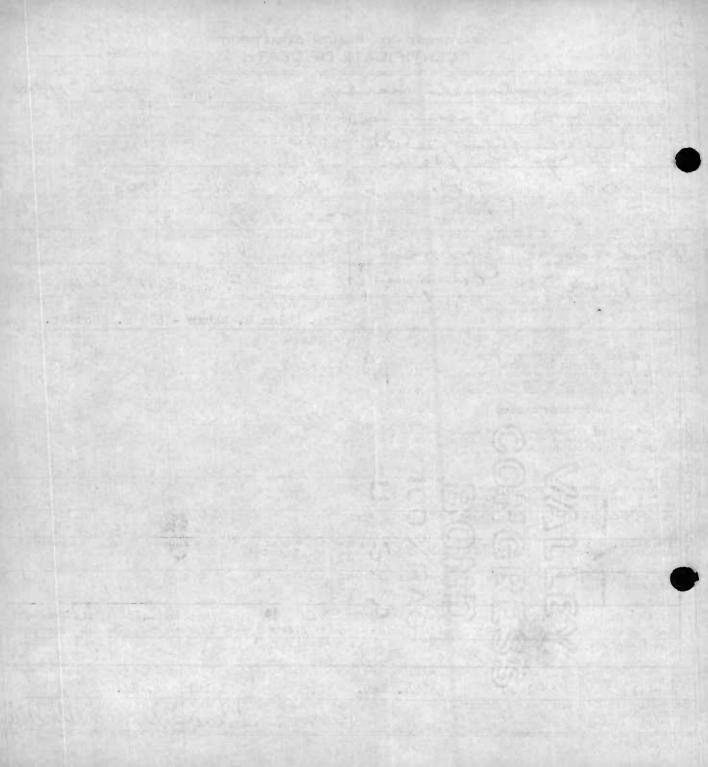


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BALTIMORE CITY HEALTH DEPARTMENT

X 50 3327
Registered No.

BI	RTH NO.			CER	TIFICAT	E OF DE	EATH		Regist	tered No.	
1. (T	NAME OF D	DECEASED -	Com	æ	Reans	Ly			DATE OF DEATH	april	-7,1950
А.	FULL NAME	City, Maryland	Bepital or institu	tjon, give	Street eddress or	A. STATE	RESIDENC				titution: residence before admission)
H	OSPITAL OR ISTITUTION	Jule Jo	Surfers	Jag	(glocation)	C. CITY OR	0.				vrite RURAL and give township)
		stay in Baltimore		yrs.	Yrs. Mos. Days	380	n / .	olida	16	ve ·	
	SEX	6. COLOR OF RAC	WIDOV		RIED. ORCED (Specify)	guly 1	3, 18	78	AGE (In y last birtho	day) Month	er i Year II Under 24 Hours B Days Hours Min.
War.	d) Book		red) Paw	0	ISINESS OR INDUSTRY	Wash	11	e or foreign . C.	country)	12	. CITIZEN OF WHAT COUNTRY
13	FATHER'S	oceph So	uis to	Lors	m	14. MOTHER		Fran	ces!	me	adow
15 (Ye	S. WAS DECEAS s, no or unknown)	ED EVER IN U.S. AR	MED FORCES? dates of service)		ECURITY NO.	17. INFORM. Mrs. He		Mahan	- 50		end St.
	18. 3 3	1 X 1	Maria I		CAUSE	OF DEATH					INTERVAL BETWEEN
	(This does	SE OR CONDITION LEADING TO DESTRUCTION S not mean the modure, asthenia, etc. It is complication whice	EATH de of dying, e. means the disea	g., se,	(A)	erebras	ex	Leme	oirlu	age	3 days
CATION	RISE TO	ANTECEDENT CASS OR CONDITIONS THE ABOVE CAUSE YING CONDITION	S, IF ANY, GIVI	NG HE DU	(B)	Erlerio	2_0	"cler	osa	1 -	5 y is
CERTIFI	TRIBUTIN	II SIGNIFICANT COI G TO THE OEATH, B DISEASE OR CONOIT	UT NOT RELAT	N-	(C)						
CAL		OF OPERATION			NGS OF OPER	ATION					20. AUTOPSY?
EDIC	21A. ACCIDE HOMICIDE	ENT. SUICIDE. (Specify)	21B. PL about home,	ACE OF	INJURY (e. g., i ry, street, office bldg.,	n or 21c. WH etc.) INJURY	ERE DID OCCUR?	(If in	Baltimore	City, give	e exact location)
	PIO. TIME OF INJURY	(Month) (Day) (Ye	ear) (Hour)	21E. IN.	JURY OCCURR		W DID IN	NJURY OC	CUR?		
		by certify that I live on April	attended the	deceas	ed from Apr	red at 7:24	P.m., fr			ed on the	that I last saw the date stated above
0	C= 102/	Č,	Till Ho	ell 1	ME OF CEMETE	1631	EN	oute 1		- 1	ipue 8 1949
TIC	4A. BURIAL. ON REMOVAL (S Burial	Specify) 4/11	/50	Bal	to. Cem.			Balti	more,	Md.	
	ATE RECEIVE	REGISTRA	AR'S SIGNAT	LAMA	AL	25. FUNERA	+ DIREC	chew	Kyl	m 1	Bath Md
	VS 150		and the same of th			23 / 417	1				do

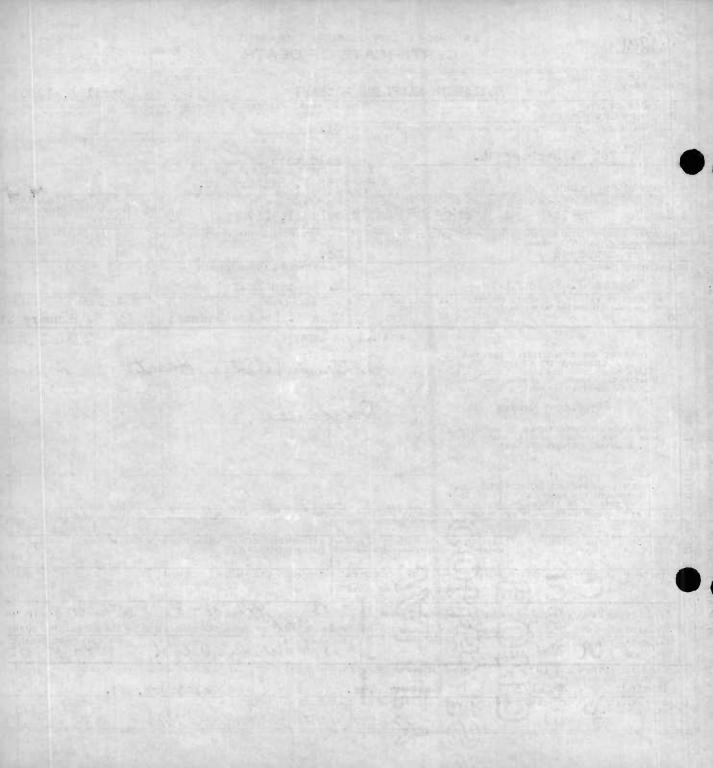


BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location E. CITY OR TOWN . (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS Mos. c. Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years) ff Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Electrical Designer Gas & Elec. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Dearing Emma Lang 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO 216-07-4929 Mrs. Catherine Gundersdorf 1200 Lake-INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Physicians: H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. (Specify) HOMICIDE 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY _, 1950 that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 4 8 1950 and that death occurred at Z Am., from the causes and on the date stated above. 23c. DATE SIGNED 23A, SIGNATURE -23B. ADDRESS 24A. BURIAL, CREMA-24C NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 248. DATE TION, REMOVAL (Specify) Woodlawn Cem. Woodlawn. Md. Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR - Inchuer ware of so prically in VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 3329 Registered No.

BIRTH NO.										
1	NAME OF DECEASED Type or Print)				2. DATE OF					
		ELIZAH	BETH MADELINE		DEATH A	pril 8, 1950				
3	. PLACE OF DEATH: . Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If B. COUNTY	institution; residence before admission)				
В	FULL NAME OF (If not in hospit	tal or institut								
	OSPITAL OR NSTITUTION		location)	c. CITY OR TOWN	f cutside corporate limi	ts, write RURAL and give				
	782 W. Hambur	g St.		Baltimore	21	0)				
			Yrs. Mos.	D. STREET ADDRESS (II						
0	. Length of stay in Baltimore		Days	782 W. Hamburg S						
	female 6.COLOR OR RACE		E. MARRIED. VED DIVORCED (Specify)	July 31, 1870	9. AGE (In years last birthday) M	M Under 1 Year H Under 24 Hours on the Days Hours Min.				
death creatify	OA. USUAL OCCUPATION (Give kind of	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF				
WO	rk done during most of working life, even if retired? never employed		INDUSTRY	Md.		WHAT COUNTRY?				
1	3. FATHER'S NAME	1		14. MOTHER'S MAIDEN N	NAME					
100	Thomas S. Rodenh	i		M. Louise Keifel						
	5. WAS DECEASED EVER IN U. S. ARME		16. SOCIAL	17. INFORMANT		DDRESS				
5 (X	es, no or unknown) (If yes, give war or date	es of service)	SECURITY NO.	Miss A. Louise F		2 W. Hamburg S				
- Causes					rodemit 10	INTERVAL BETWEEN				
	18. 420.0			OF DEATH		ONSET AND DEATH				
MILE	DISEASE OR CONDITION LEADING TO DEA	TH	Ci.	10. 1.	7/00 1					
	(This does not mean the mode heart failure, asthenia, etc. It means	of dying, e. :	g., (A)	terusclerett.	e reaco	Lyear				
MATTE	injury or complication which	caused death	n.) DUE TO							
- 11	ANTECEDENT CAU	SES	10							
TION	DISEASES OR CONDITIONS,	IF ANY GIVE		seare	***************************************					
11.0	RISE TO THE ABOVE CAUSE (A)	STATING TI								
9 0	ONDERETING CONDITION E	731,								
RTIFICA			(C),							
CERTIFICA	OTHER SIGNIFICANT COND									
CE	TO THE DISEASE OR CONDITION	N CAUSING	IT							
	19A. DATE OF OPERATION	19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?				
EDICAL		l nam pi	ACE OF IN HIDY ()	a or 21c, WHERE DID	(If in Baltimore City,	YES NO				
	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	about home,	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		(II III Daitimore City,	give exact location;				
MEDICAL					W 0001100					
	21D. TIME (Month) (Day) (Year OF INJURY		21E. INJURY OCCURR WHILE AT NOT WHILE		RY OCCUR?					
2		m.								
especiani	22. I hereby certify that I at	tended the			4-8,195	that I last saw the				
d ca	deceased alive on 4	, 1950		rred at 6:87 Am., from	the causes and on t	the date stated above.				
2	23A. AIGNATURE P. Wilout	2. J	м. р.	1227 Wash.	Blo'd	230 DATE SIGNED				
a Re	44A. BURIAL, CREMA- 24B. DATE	-(24c. NAME OF CEMETE	RY OR CREMATORY 24b.	LOCATION (City, town	n, or county) (State)				
11 6	Burial 4/11/5	50	Western Cem		Baltimore, M	d				
	ATE RECEIVED BY REGISTRAR			25. FUNERAL DIRECTOR		ADDRESS MI				
3 1 1	DD 10 1950	1 - Fin h	(11.	Wim. t. Inches	yer was	vario 11/a.				
		1 1 1 1	the state of the s	0 0000		10.				



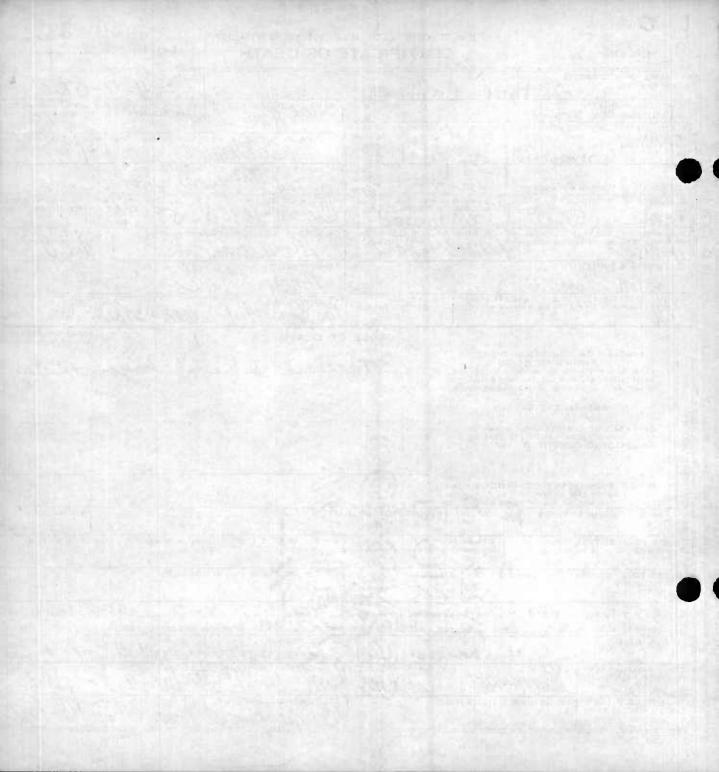
BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) · HARRY E. AULD April 8, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give 106 W. University Pkwy INSTITUTION Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mas c. Length of stay in Baltimore 106 W. University Pkwy. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In year: If Under I Year If Under 24 Hours last birthday) Months; Days Hours Min. WIDOWED, DIVORCED (Specify) male white married Oct.27, 1882 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life even if retired)
Optometrist (rtd) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edwin C. Auld Mary Emma Shields 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs. Helen C. Auld 106 W. UniversityFkv INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY adjets Diseuse LEADING TO DEATH 4 years (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES over DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY7 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT AT WORK 1949, to april & , 1950, that I last saw the 22. I hereby certify that I attended the deceased from Sind deceased alive on arm 2, 1957, and that death occurred at & A. m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED nuncis 24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 4/10/50 Woodlawn, Md. Burial Woodlawn Cem. DATE RECEIVED BY REGISTRAR'S SIGNATURE 250 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR DO when it is the fine alla VS 150

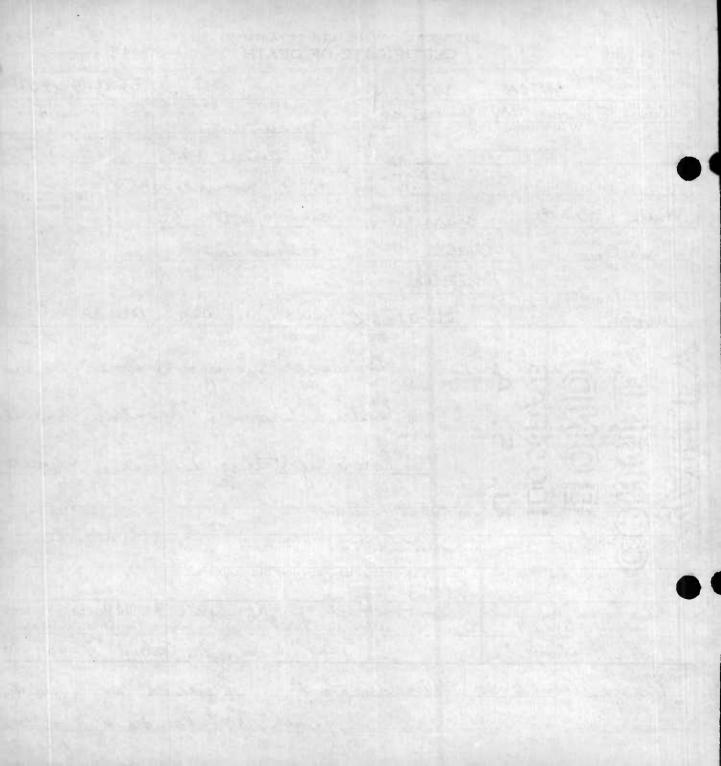
Physicians:

important.

Bone. Letter in document file 50-3330 - 5/4/50.

11	60	50	7000				
50	333% CERTIFICAT	TE OF DEATH Registered No.	3332				
1.	NAME OF DECEASED (Pe or Print)	2. DATE OF // 7	C 0				
3.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where dyceased lived, If in	astitution; residence				
B. Ho	FULL NAME OF (If not in hospital or institution, give street address of SPITAL OR location		write RURAL and give				
	University Hospital	o, STREET ADDRESS (If rural, give location)	-/8 township				
	Length of stay in Baltimore Mos. Days	s of solven man som	Index 1 Year H Under 24 Hours				
No.	MAL White widowed (Specif	1) Nec. 25-1895 last bighday) Mon	ths Days Hours Min.				
WOR	OUSUAL OCCUPATION (Give kind of 10s. KIND OF BUSINESS OR poneduring most of working life, even if retired)	11. BTATHPLACE (State or foreign country)	WHAT COUNTRY				
	FATHER'S NAME LEASELY!	14- MOTHER'S MAIDEN NAME					
(Y9	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.		Garrison he				
6		OF DEATH	INTERVAL BETWEEN				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO	racerebial hemarbage	12 day				
	ANTECEDENT CAUSES						
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST,						
CERTIFICA	OTHER SIGNIFICANT CONDITIONS CON-						
CEF	TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
CAL	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE		YES NO				
MEDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg		ve exact location)				
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR OF INJURY m. WHILE AT NOT WHILE AT NOT WHILE AT WORK	E					
	22. I hereby certify that I attended the deceased from	- 26, 195Qto 4-7, 150,	that I last saw the				
	23A. SIGNATURE	urred at 2. 20 Pm., from the causes and on the	23c. DATE SIGNED				
24 TH	M. O. BURIAL, CREMA- PREMOVAV (Specify) BURIAL (Specify) BURIAL (Specify)	TERY OR CREMATORY 24% LOCATION (City Jown,)					
	THE RECEIVED BY CAL REGISTRAR SIGNATURE	25 FUNERAL DIRECTOR Home 363	ADDESS Road				
=	VS 150 74091	3 7 3 2	3a				





BALTIMORE CITY HEALTH DEPARTMENT

ВІ	RTH NO.		CERTIFICATI	E OF DEATH	Registered No)
(T:	NAME OF DECEASED ype or Print)	ian	Clover		2. DATE OF DEATH APR	7 - 1950
A.	PLACE OF DEATH: Baltimore City, Maryland		1	4. USUAL RESIDENCE (W	here deceased lived. If in	stitution: residence before admission)
B. H	FULL NAME OF (If not in hospin SETITUTION HAS HOPKINS HOSP		tion, give street address or location)		outside corporate limits	write RURAL and give
	Length of stay in Baltimore		Yrs. Mos.	D. STREET ADDRESS (If I	rura), give location)	()-e
	SEX 6. COLOR OF RACE	7. SINGL	Days LE, MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRTH 2-10-14		nder I Year If Under 24 Hours ths Days Hours Min.
10. work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if refired.	10B. KIN	D OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or fo		2. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME	11 10/1	DOLL	14. MOTHER'S MAIDEN NA	ME Motte hell.	
	. WAS DECEASED EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16 SOCIAL SECURITY NO.	17. INFORMANT JOHNS HOPKI	HS HOSPITE AD	DRESS
	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It me injury or complication which	TH of dying, e. ans the dise	y g., (A)	OF DEATH	==	INTERVAL BETWEEN
CATION	ANTECEDENT CAU DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L	SES	(B)	is pyerop	en To	
CERTIFI	OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITIO	NOT RELA	TED Hands To	naive Cordeon	mula die	
AL	19a. DATE OF OPERATION	19B. MAJO	R FINDINGS OF OPER	RATION		YES NO
EDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		ACE OF INJURY (e. g., i e, farm, factory, street, office bldg.,	n or 21c. WHERE DID (I etc.) INJURY OCCUR?	f in Baltimore City, gi	ve exact location)
M	21D. TIME (Month) (Day) (Year OF INJURY) (Hour) m.	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJURY	OCCUR?	
	22. I hereby certify that I at deceased alive on	tended th	e deceased from 2, and that death occur	7 4 1300, to 47	he causes and on the	that I last saw the date stated above
	23A. SIGNATURE	v d	, arma M.D.	38. ADDRESS NOV	2 Martin	48 50
TIC	AA. BURIAL, CREMA- 24B. DATE DE REMOVAL (Specify) ATE RECEIVED BY REGISTRAN	1950	Freet United	NAME LEAD 240. LE	altimore	ADDRESS.
	CAL REGISTRAR	from 11/	10:	Roland P. I	ilan. 2115 4	Aundall s.

Ste	mileta	61R0H-1	200				
a R	85 6 Hay	2225	BAI		EALTH DEPARTMENT	5	0 3335
E	BIRTH NO.	50-81290)	CERTIFICAT	E OF DEATH	Registered 1	No.
1	. NAME OF D Type or Print)	Dougla.	5 WA	YNE HE	ER	2. DATE OF DEATH	9/50
A		City, Maryland		1	4. USUAL RESIDENCE (V		
II H	FULL NAME IOSPITAL OR NSTITUTION	OF (II not in hospit	al or institut	ion, give street address or location)		outside corporate limit	ts, write RURAL and give
50	0 36	17 Giffe	ns. G	ne	Baltin	ne vi	7-34 township)
	Longth of	stay in Baltimore		Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
	. SEX	6.COLOR OR RACE	7. SINGLE	Days E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours
ly ailu	n	w	WIDOW	ED, DIVORCED (Specify)	1/11/50	last birthday) Mo	onths Days Hours Min.
10	OA. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KINE	ØF BUSINESS OR INDUSTRY	11/BIRTHPLACE (State or for	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	3. FATHER'S	NAME O			14. MOTHER'S MAIDEN N.	AME	
1	melo	ind the	er		Elsio J. X	forming.	
) (Y	5. WÁS DECEÁS en, no or unknown)	(If yes, give war or date	FORCES? s of service)	16, SOCIAL SECURITY NO.	17. INFORMANT	1/0 03 A	DDRESS If line
- Causes	18. 7.5	-/ X		CAUSE	OF DEATH	feel) ~ 4)	INTERVAL BETWEEN
a air	DISEA	SE OR CONDITION	DIRECTLY	M /	TIC .T	-/ A 1:	ONSET AND DEATH
11	(This does	s not mean the mode oure, asthenia, etc. It mea	f dying, e. s	(A) (U)	Tiple Concenita ocephalus, Spina ocardia etc.	Mumail	3 months
MILLE	injury or	complication which c	aused death	DUE TO Hudi	ocephalus, Spina	Bitidas	
- 11		ANTECEDENT CAUS	ES	DelxTre	cardia etc.		
TION		S OR CONDITIONS, I			***************************************		
		YING CONDITION LA					
RTIFIC		.,					
CERTIFICA	TRIBUTING	II SIGNIFICANT CONDI G TO THE DEATH, BUT	NOT RELATE	D			
` -	104 DATE C	DE OPERATION 1		FINDINGS OF OPER			L 20 AUTODOWA
AL AL			55. MASON	THE INGS OF OFER	ATTON		20. AUTOPSY?
MEDICAL	CAUSE OF	DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i arm, factory, street, nffice bldg.,		f in Baltimore City,	
Σ	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	OF INSORT		m.	WHILE AT NOT WHILE			
nadea	22. I hereb	ny certify that I att live on April	ended the	deceased from F	e6 1950/to	400. 196	that I last saw the
- 11	23A. SIGNA		21 7	and that death occur	rred at 6:30 Am., from t	he causes and on the	1 23c. DATE SIGNED
2		Loy 11	· Jan	M. D. C	2858 Harland	Ord	agn. 9, 1950
2 2	AA. BURIAL.	CREMA- ZAB. DATE	4	24C. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town	or (State)
0-0	QUELLA DECENTE	17/10/2	6 6 1 6 1	Toudon the	com 7	Tellenou,	mel
AP	CAU RECEIVE	THE REGISTRAR	SSIGNATU	11	25 FUNERAL DIRECTOR	6 5305 No	ADDRESS
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- 11					3 3 5		157a

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

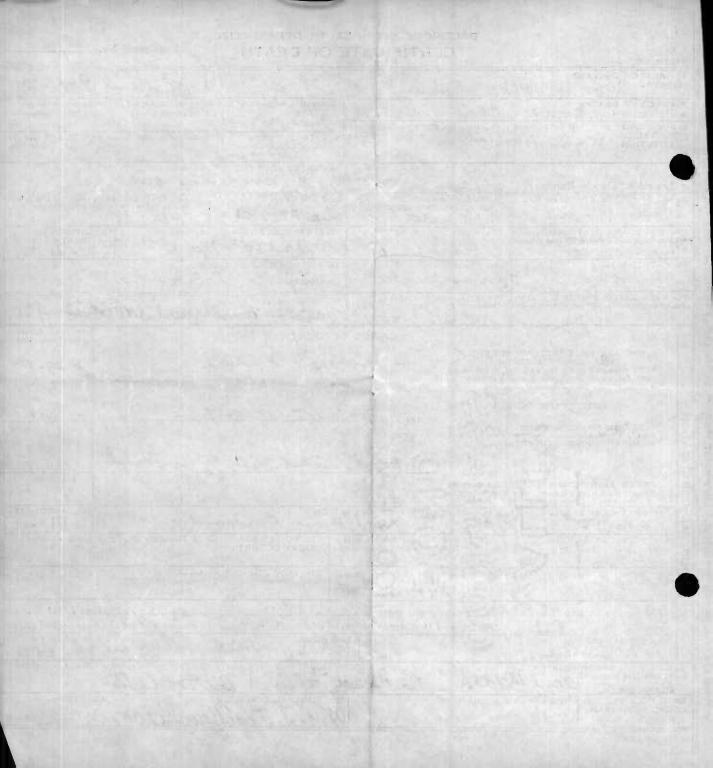
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	RTH NO.			CERTIFIC	CATE	E OF DEATH	Registered No.	
	NAME OF D	ECEASED					2. DATE	0 10 - 1
	ype or Print) .	TOWASZEWS	KI S	tanley			2. DATE OF April	9-1950
	PLACE OF D Baltimore (EATH: City, Maryland	Ball	mae:		4. USUAL RESIDENCE A. STATE	(Where deceased lived. If ins	
	FULL NAME			on, give street ad	dress or ocation)		(If outside corporate limits, v	write RURAL and give
IN	STITUTION	Seriai Hogy	nin			Ballinos		township)
			0.0		Yrs.		If rural, give location)	V
$\overline{}$		tay in Baltimore	Life		Mos. Days	1	ebry sul	
5.	Male	6. COLOR OR RACE		MARRIED.	(Specify)	Sep 29-/9/3	9. AGE (In years lit Und last birthday) 36	ler I Year II Under 24 Hours Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS	OR	11. BIRTHPLACE (State of	r foreign country) 12	2. CITIZEN OF WHAT COUNTRY?
		len.	Cloth	ung 1	VSIKI	Balto.	mol.	W. S. A
13	FATHER'S	AME		0		14. MOTHER'S MAIDEN		
	do	m J	omas	gewore	(Josephine !	Polak.	
15 (You	. WAS DECEAS , no or unknown)	ED EVER IN U.S. ARMEE (If yes, give war or date	FORCES? of service)	16. SOCIAL SECURITY		netta L. Tom	oszewski 648 6	heabury It.
	18. L	-4 x		CA	USE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTLY		1	-'2 = 1	0.	ONSE! AND DEATH
	(This does not mean the mode of dying, e.g., (A)							2.24.53
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)							1
7		ANTECEDENT CAUS	SES	(B)	Coa	when of the	ta.	4.9.50
ATIOI	RISE TO	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	G E DUE TO				
2				est .	400	1-10-1- BA	apper Limb	
片		11			20			
CER	TRIBUTIN	SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D			Londo	
	_		0	FINDINGS OF	OPER	ATION		20. AUTOPSY?
A	8.16		gary	ene de	00	afebra y ton	The Date of the City	YES NO L
EDIC	HOMICIDE	ENT. SUICIDE. (Specify)		CE OF INJURY arm, factory, street, of			(If in Baltimore City, give	e exact location;
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY O	CCURR	ED 21F. HOW DID INJU	JRY OCCUR?	
	OF INJURY		· m.		OT WHILE			
	22. I hereb	y certify that I att	ended the	deceased from	n 2.	24.10, 19 , to	4. q , 1950	hat I last saw the
	deceased a	live on 4.9.	, 1950,	and that deat	h occur	red at 8.15A m., from	n the causes and on the	date stated above
	23A. SIGNA		1		2	0- 4000000	& Balleman	23C. DATE SIGNED
2	AA. BURIAL	CREMA- 24B. DATE	1:		EMETE		LOCATION (City, town, or	county) (State)
	REMOVAL (1950	Cat			Palto. aty	
	ATE RECEIVE		S SIGNATU	RE		25. FUNERAL DIRECTO	R. A	DDRESS
A	DD 10 1	OFO	20/16		K	Ilm. S. Feal	Kowski 20676	astern are

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correct age is especially important. Physicians: please write the causes of death clearly and region.

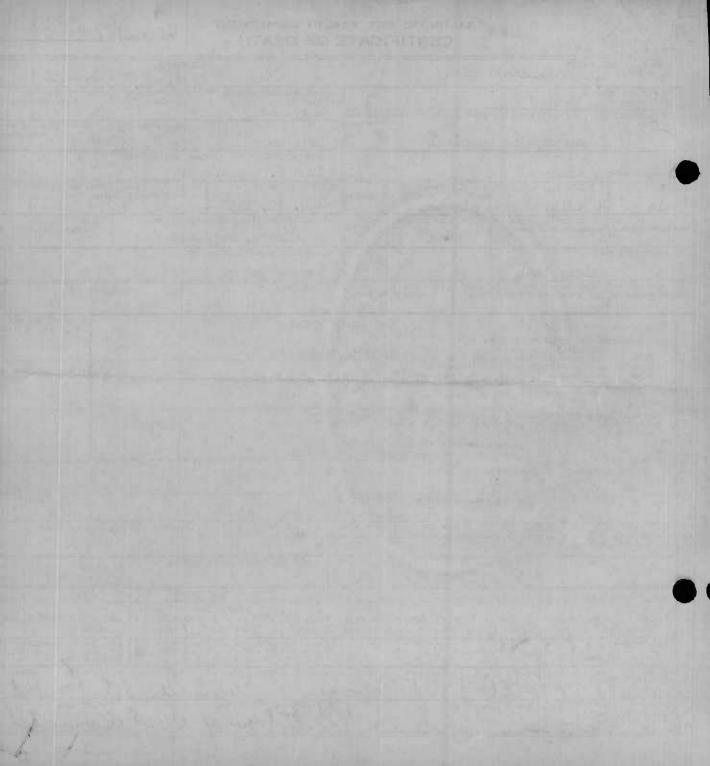
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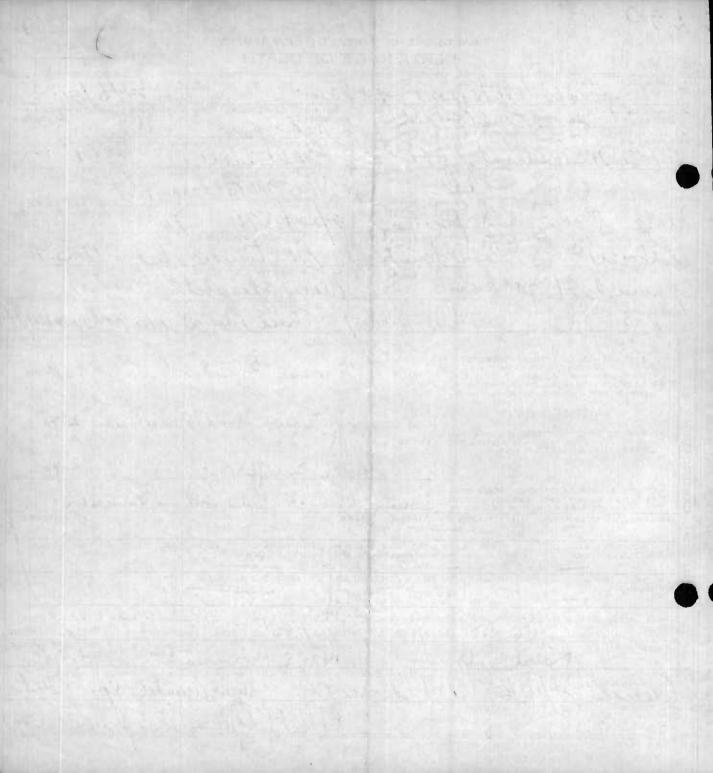


BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 50 - 00 90 4 1. NAME OF DECEASED 2. DATE (Type or Print) ROBERT MCKINLEY BEAL DEATH April 5, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Johns Hopkins Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 1206 N. Gay Street Length of stay in Baltimore 6 COLOR OR RACE 9. AGE (In years It Under 1 Year last birthday) Months Days Hours Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) male Jan. 12, 1950 colored single 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY work done during most of working life, even if retired) WHAT COUNTRY Baltimore, Maryland none none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wallace Beal Lannie Rosers 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Bronchopneumonia (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ū 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WORK AT WORK autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resolted from: natural causes [X accident], suicide], homicide], undetermined]. SICHATURE 238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR BURIAL, CREMA-REMOVAL (Specify) 24B NAME OF SEMETERY OR CREMATORY Z4D. LOCATION (City, town, or county) RECEIVED BY LOCAL REGISTRAR

especia

VS 151





important.

deceased alive on 4

23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

Martinsburg. West Virgini Burial 4-14-50 DATE RECEIVED BY REGISTRAR'S'SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR harance of Indeadle, inch VS 150

23B. ADDRESS

P.m., from the causes and on the date stated above.

24D. LOCATION (City, town, or coupty) /

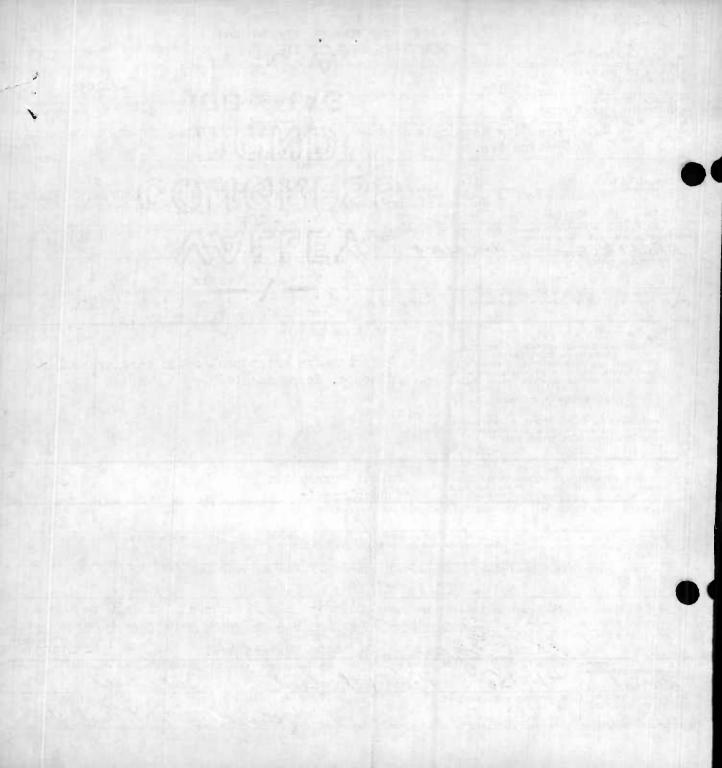
23c, DATE SIGNED

and that death occurred at F-

important. Physicians: please write the causes of death clearly and legibly.

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1			BAI	TIMORE CITY HI	EALTH DEPARTM	MENT	30 3346
19	19th No.33	42		CERTIFICAT	E OF DEATH	Registered 1	Vo
	NAME OF D Type or Print)	John Reyn	olds			2. DATE OF DEATH 4-8	3-1950
A.	. PLACE OF D Baltimore (EATH: City, Maryland			A. STATE	NCE (Where deceased lived, If B. COUNTY	
B. H	FULL NAME OSPITAL OR ISTITUTION	Baltimore Ci	tal or institut	ion, give street address or itals location)	daryland c. CITY OR TOWN	(If outside corporate limit	s, write RURAL and give
~	51	4940 Eastern	Ave.		Haltimore		township)
	T (1) 6	4	T	Yrs. Mos.		SS (If rural, give location)	5-02
1	. Length of s	tay in Baltimore 6.COLOR OR RACE	Life	Days E. MARRIED.	8. DATE OF BIRTH	1 Street 9. AGE (In years)	f Under 1 Year II Under 24 Hours
	Male	White	Sing	ED, DIVORCED (Specify)	Feb. 14_ 185	73 last birthday) Mo	onths Days Hours Min.
10 wor	A. USUAL OC	CUPATION (Give kind of working life, even if retired.	108. KINE	OF BUSINESS OR	11. BIRTHPLACE (St	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY
	MECHI	110	HAKA	OWA	Baltimore,	Maryland	WHAT COUNTRY
13	FATHER'S		HI HE		14. MOTHER'S MAIL		
-	WAS DESSA	Joseph			Elizabeth		
(Ye	m, no or unknown)	D EVER IN U.S. ARME (1f yes, give war nr date	D FORCES?	16. SOCIAL SECURITY NO.	Records: 40	Ltimore City Hosp 10 Eastern Ave.	DOREGS
	18. 44	3 × .		CAUSE	OF DEATH	TO PARTE IN ALVE.	INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OR CONDITION	DIRECTLY				
		LEADING TO DEA not mean the mode re, asthenia, etc. It mes	of dying, e. g	(A) Hypert	ensive arteri	iosclerotic cardi	ovascular
	injury or	complication which	caused death	.) DUE TO diseas	se, decompensa	ted	
		ANTECEDENT CAU	SES				
Z	DISEASES	OR CONDITIONS,	F ANY, GIVIN	(B)			
E	RISE TO T	HE ABOVE CAUSE (A)	STATING TH				
0				(C)			
RTIFICATION		II IGNIFICANT COND			Bronchitis		
S		TO THE DEATH, BUT ISEASE OR CONDITION			erosis	·	
AL	19A. DATE C	F OPERATION	19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about home, f	ACE OF INJURY (e. g., i	n or 21c. WHERE DIE etc.) INJURY OCCUR		
Σ	21D. TIME (OF INJURY	Month) (Day) (Year		21E. INJURY OCCURR	ED 21F. HOW DID I	INJURY OCCUR?	
	, ,		m.	WORK AT WORK		7	
	22. I hereb	y certify that I at	tended the	account from	2-21- , 19 36	to 4-8-, 195	\mathbb{Q} , that I last saw the
	deceased al	ive on	. 19_50	and that death occur	rred at 9 AMm., j	from the causes and on th	
	JUAN STONA	18-	()	sen M.D.	4940 Eastern	Ave	4-8-1950
	4A. BURIAL.		- 1		RY OR CREMATORY	24D. LOCATION (City, town,	or county) (State)
H	Burial	(11 / 11 /	50	NEW Cati	hedral	Balto 2	eld.
	ATE RECEIVE	RAR	11	or. He de	25. FUNERAL DIREC	O -	ADDRESS
4	PR 10 19	50	1. 11	Contraction 1/2	Alm Cooks	inc /2/1/ ST,/	aux s.
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correct age is especiary important. Physicians: please write the causes of death clearly and le-

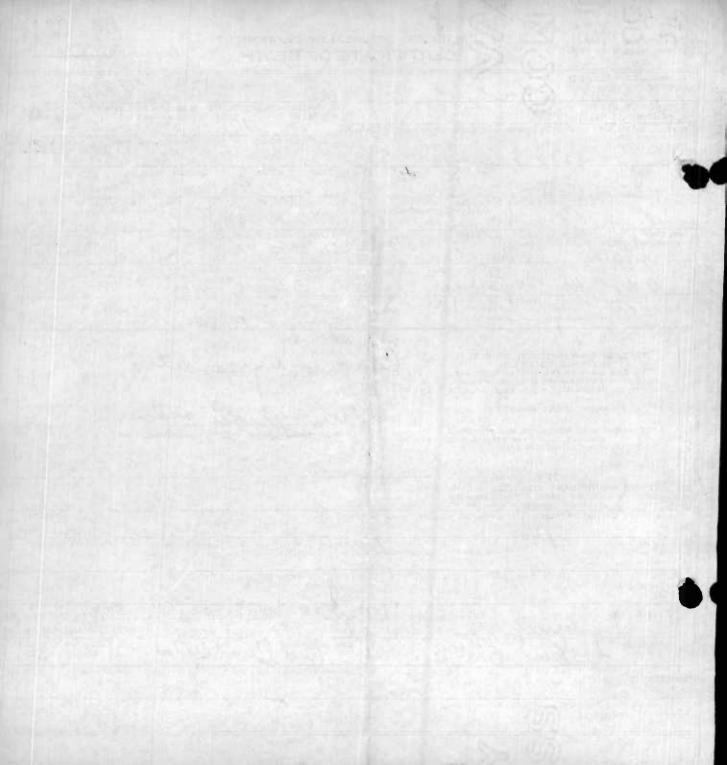
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BALTIMORE CITY HEALTH DEPARTMENT

50 3344

Registered No. CERTIFICATE OF DEATH

_			
	NAME OF DECEASED Tokn Rush Mc Cor	uas 2. DATE of DEATH	150
Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	stitution : residence before admission)
	FULL NAME OF (If not in hospital or institution, give street address or location)	ina	
IN	STITUTION	C. CITY OR TOWN (If outside corporate limits, v	write RURAL and give township)
	3514 Green mount ava	Balto 16	- 01
51	Yrs. Mos.	o. STREET ADDRESS (If rural, give location)	7
	Length of stay in Baltimore Days	3514 Treenmount a	M
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED-DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years flow last birthday) Month	der I Year It Under 24 Hours hs: Days Hours: Min.
1	Male White Married	3/28/1874 76	Days Hours Will.
10	A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12	2. CITIZEN OF
work	done during most of working life, even if retired)	Bet C. MI	WHAT COUNTRY?
13	FATHER S NAME	14. MOTHER'S MAIDEN NAME	
	Charles 111 mar C	14. MOTHER'S MATDEN NAME	
	Trorge W. M. Comas	- Cmma Vill	
15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL B. no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	TRYE 8 9'
	no	Manie K. M. Comas Frem	mount aux
	/ - :	OF DEATH	INTERVAL BETWEEN
		or bearing	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Rio Kurron Sitis	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,		Tell (Ex HC ex)
	injury or complication which caused death.) DUE TO		
	ANTECEDENT CAUSES	- 1 - 1 0	
z	(B) UCC	erroderdee arono-	
9	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	oscular Disease	
AT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
CERTIFICATION			Wall I had
1	_(c)		
2	OTHER SIGNIFICANT CONDITIONS CON-		
U	TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
4			YES NO
EDICAL	21A. ACCIDENT. SUICIDE. 21B. PLACE OF INJURY (e. g., in HOMICIDE (Specify) about home, farm, factory, etreet, office bldg., e	or 21C. WHERE DID (If in Baltimore City, give	e exact location)
	about nome, rarm, ractory, or con, once mag., e	L., INSORT OCCORT	
Σ	210. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRI	ED 21F, HOW DID INJURY OCCUR?	
	OF INJURY WHILE AT NOT WHILE		
	m. WORK AT WORK	1 - 2 11	
	22. I hereby certify that Lattended the deceased from 12	1970, to agree 1, 1930,	that I last saw the
	deceased alive or Upril 6, 1950, and that death occur	red at 4 30 m., from the causes and on the	date stated above.
			23c. DATE SIGNED
	Molling Billion & M.O.	1331 FURTH COR	4-10-50
24	A. BURIAL CREMA- 248. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or	county) (State)
TIC	Durial Specity 4/12/5-0 London	Park Best med	
D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR A	DDRESS
LC	DOAL REGISTRAR	1000 12 000 1 CAD	0 +
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BALTIMORE CITY HEALTH DEPARTMENT

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Registered No CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL ORIGHNS HOPKINS HOSPITAL location) (If ontside corporate limits, write RURAL and give C. CITY OR TOWN township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 8. DATE OF BIRTH 6. COLOR OR RACE | 7. SINGLE, MARRIED AGE (In years) M Under 1 Year | If Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life even if retired) INDUSTR WHAT COUNTRY? Housewi 3-FATHER & NAME 14. MOTHER'S MAIDEN NAME 15. (YAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 6. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no or unknown) INTERVAL BETWEEN CAUSE OF DEATH 223 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 44815 0 dema NO 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21c. WHERE DID HOMICIDE (Specify) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY 1950 that I last saw the 22. I hereby certify that I attended the deceased from. 4. 9- 190 and that death occurred at deceased alive on_ p.m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or count 25 FUNDAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS

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Letter in document file 50-3345. 5/31/50.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No

BIRTH NO.	20	3346

I. NAME OF DECEASED 2. DATE (Type or Print) Regina Elizabeth Gunther of April 8,1950 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give 1913 Chelsea Rd. 15-0% Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 1913 Chelsea Road Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (in years) last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) White Widowed Aug.13.1869 Remale 10A. USUAL OCCUPATION (Give kied of) IOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY? House-wife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Peter Dumler Elizabeth Dill 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, oo or uokoown) (If yes, give war or dates of service) SECURITY NO. Charles M. Gunther 1913 Chelsea Rd. no none INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY arleriosclerotic cardio -LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUF TO UNDERLYING CONDITION LAST. e Roster OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION AL 198 MAJOR FINDINGS OF OPERATION none 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE 1950 to 4-8, 1950 that I last saw the 22. I hereby certify that I attended the deceased from 19 50 and that death occurred at 92 Am., from the causes and on the date stated above. deceased alive on_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24c. NAME of CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) Holy Redeemer Burial 4-11-1950 Baltimore Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

VS 150

LOCAL REGISTRAR

CERTIFICATION

131a

G. Howard Strong 3207 W. North Ave.

BALTIMORE CITY HEALTH DEPARTMENT

50 3347

3347 Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH Apr. 8, 1950 Walter C. Bell 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Md. HOSPITAL OR 1742 W. North Ave., C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 1742 W. North Ave.. Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months Days Hours Min. If Under | Year Married Jan 24.1877 Male White 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF vork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Retired Painter Odd Jobs Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jane Beyers William Bell 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknowo) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Mrs. Emma E. Bell 1742 W. North Ave., INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY VES 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY NOT/WHILE! 22. I hereby certify the Latynded the deceased from , that I last saw the and that death occurred at 130 deceased alive di 19 m., from the causes and on the date stated above. SIGNATUR 23B. ADDRESS 23C DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Lorraine Park. Baltimore Burial 4-11-1950 Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR sadisti of the

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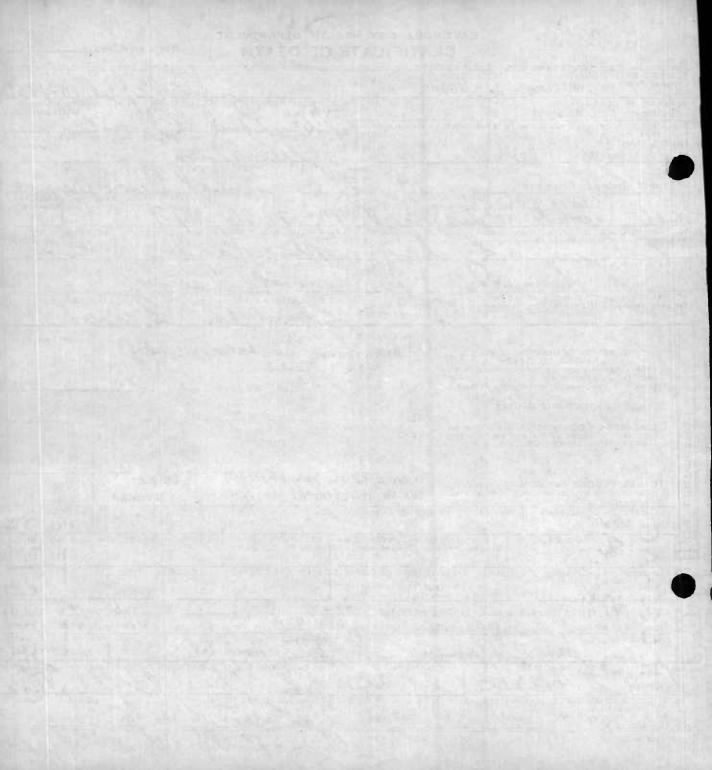
William .

G. Howard Strong 3207 W. North Ave..

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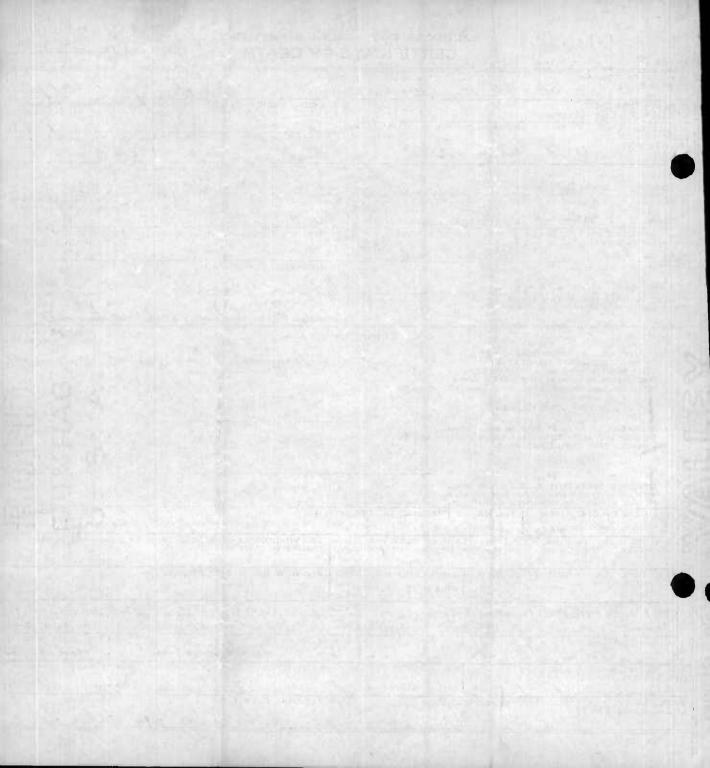
BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	CERTIFICATE OF	DEATH	Registered No.	90,50
1. NAME OF DECEASED (Type or Print) WILLIAM J.	EBBERT		DATE OF DEATY	1 10-1950
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. US	UAL RESIDENCE (Wher	e deceased lived, 1f inst	itudion : residence before admission)
HOSPITAL OR	tution, give street address or location)	Y OF TOWN (If outs	side corporate limits, w	crite RURAL and give
INSTITUTION SINAI HOSP.		luca to	- 1	township
		REET ADDRESS (If rura	l, or e location)	0.1
c. Length of stay in Baltimore	19 Mea- Days	Bura	1 Clevore	Bridge
	OWED, DIVORCED (Selecty)	E OF BIRTH 9.	AGE (In years It Und last birthday) Month	s Days Hours Min.
IOA. USUA OCCUPATION (Give kind of work doos door fing most of working life, even if retired)		RTHPLACE (State of)oreig	n country) 12	CITIZEN OF
work doods ring most of working life, even if retired)	INDUSTRY	Varestan	1	WEST COUNTRY
13. FATHER'S NAME	14. MC	THER'S NAIDEN NAME		
15. WAS DECEASED EVER IN M. S. ARMED FORCES	1	not pu	mon	
(Yes, no or maknows) (If yes, give war or dakes of service)	16 SOGIAL 17 00.	FORMANT	ADD	RESS / /
18. 420.0	CAUSE OF DE	ATH	792717	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT		AND ARTERIOS	CLEROTIC	ONSET AND DEATH
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis		ISEASE	•••••••••••••••••••••••••••••••••••••••	
injury or complication which caused de				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, IF ANY, GI	VING			
UNDERLYING CONDITION LAST.				
DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REL	(C)	W. J. G. G. G. G. W. V.	0.0	
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REL TO THE DISEASE OR CONDITION CAUSIN	ATED BENIEN HYDEOTRA		PNUE HONIA	
J 19A. DATE OF OPERATION D 19B. MAJ	OR FINDINGS OF OPERATION			20. AUTOPSY?
	PLACE OF INJURY (e.g., in or 21	C. WHERE DID (If in	Baltimore City, give	exact location)
HOMICIDE (Specify) about how		JURY OCCUR?		
2 ID. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED 21	F. HOW DID INJURY O	CCUR7	
m				
22. I hereby certify that I attended t	he deceased from 3-22		-10 , 19.50, t	hat I last saw th
deceased alive on 4-10, 19.50	2. and that death occurred at		causes and on the	
Samuel Le	man M.D. Se	nai Hospital	2	4-10-50
244 SURIAL, CREMA- TION SEMOVAL (Specify) 4/13/50	24c. NAME OF CEMETERY OR C	REMATORY 240. JOCA	TION (City, town, or	equnty) (style)
DATE RECEIVED BY REGISTRAR'S SIGNAL LOCAL REGISTRAR	A / Williams, 11 25/50	NERAL DIRECTOR	2 t And	DORESS
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 151 S. Thelton township Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) male Willeman 11. FIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? mol. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME moses Barnes 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION May 1949 - Keoplosticells Branchoscopic Gram-BYOM hos ropel Diopsi 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WHILE AT Trais , 1949, to 4 pril 10 1950, that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on april 9, 19 50, and that death occurred at 12:10 am, from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE d mon doon less 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24p. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY roudence ADDRESS DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR 41.14 TY VS 150



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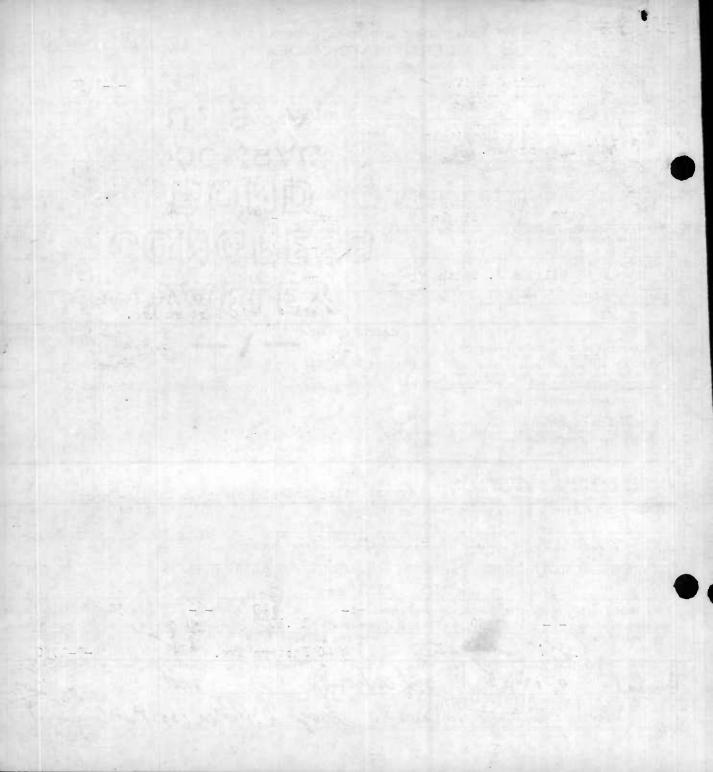
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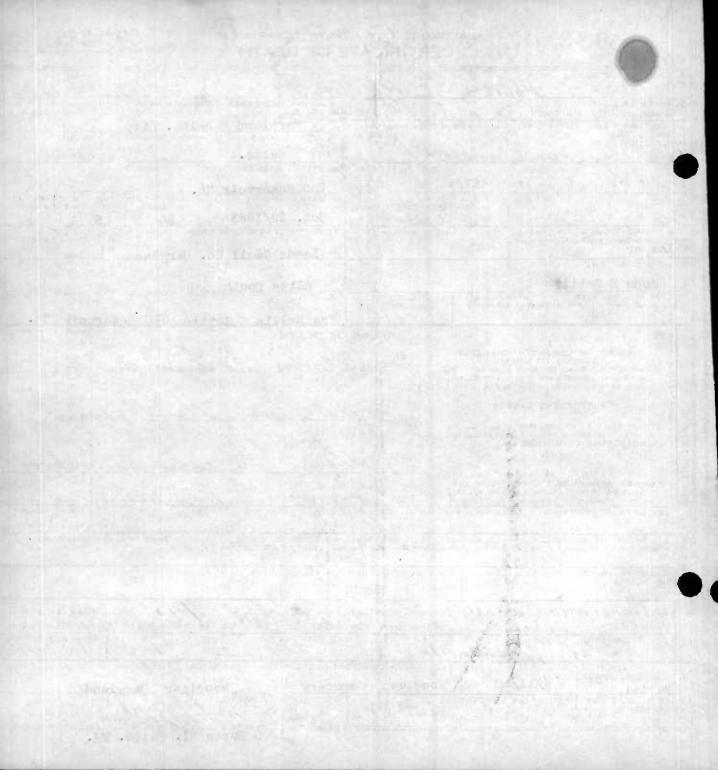
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IT HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Belair Maryland Harford Co. HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) University Hosp. Belair Maryland D. STREET ADDRESS (If rural, give location) Yrs. Mos. day c. Length of stay in Baltimore Davs 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED, 9. AGE (In years) II Under 1 Year H Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. Male Sept. 17 1880 6 10 Married 10A. USUAL OCCUPATION (Givekind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF Auto Stock Clerk INDUSTRY WHAT COUNTR Harford Co. Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John W Wilgis Florence V Watters 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yer, no or onknowe) (If yes, give war or dates of service) SECURITY NO. Edna Wilgis Belair Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. YES 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e. g., in or HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE AT WORK 1950 to , 19 5, that I last saw the 22. I hereby certify that I attended the deceased from_ Am., from the causes and on the date stated above. deceased alive on 4//, 1950, and that death occurred at 238. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 224 240 NAME OF CEMETERY OF CREMATORY 24A. BURIAL, CREMA-240. LOCATION (City, town, or county) 24B. DATE TION, REMOVAL (Specify) orrect 13 /50 Burial Mt. Zion Cemeterv Fountain Green Harford Co. Md DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 105€ VS 150

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	La Name		

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE illiam OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Balto. City Maryland location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baito. D. STREET ADDRESS (If rural, give location) Yrs. Mog 45Yrs c. Length of stay in Baltimore Davs 700 Reservoir St. 8. DATE OF BIRTH 9. 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years) If Under 1 Year ti Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. Oct. 29/1883 munid. 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Lawver Leeds Cécil Co. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John S Settle Alice Booth 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknowed (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or uokoowo) SECURITY NO. Mrs Nellie S Settle 700 Reservoir St. NTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dving, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Com TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A, DATE OF OPERATION 20. AUTOPSY DICA VES 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE! WHILE AT AT WORK 1/4/13.19 , that I last saw the 22. I hereby certify that Lattended the deceased from_ deceased alive on 4/3/19, 19, and that death occurred at 4. 4. h., from the causes and on the date stated above. 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (Ciry, town, or county) 24B DATE correct 4/11/50 Woodlawn Cemeterv Woodlawn Maryland Burial 25. PUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE! DATE RECEIVED BY LOCAL REGISTRANS Thurtington Williams, 19 DOM Balto. Md. VS 150



BALTIMORE CITY HEALTH DEPARTMENT

50 3355

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) VOWELL 8.1950 DEATH APRIL 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF MARYLAND HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1524 BALDWIN township) BALTIMORE D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1524 BALDWIN ST c. Length of stay in Baltimore Davs 9. AGE (In years | 1 Under 1 Year | If Under 24 Hours | Months | Days | Hours | Min. 5 SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH MALE JULY 10, 1867 ADOUT-82 WIDOWER 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BURTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY KETIRED GARDNER. VIRGINIA . 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKNOWN UNKNOWN. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or nuknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or npknown) SECURITY NO. WM. HEBERLE. 3855- QUARRY AYE NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH about 2da (This does not mean the mode of dying, e. g., Hypostatic Pneumonia heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES La Grippe 5 days (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Arterioscle rosis TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID HOMICIDE (Specify) about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY , 1950 to 4/8/ , 1950, that I last saw the 22. I hereby certify that I attended the deceased from 4/6/ , 150, and that death occurred at 0:30 Am, from the causes and on the date stated above. deceased alive on 4.16 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED LOI E. 25th. St. City. 18 100, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) APRIL-11/50 BURIAL MORELAND MEMORIAL PK. TAYLOR 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR APR

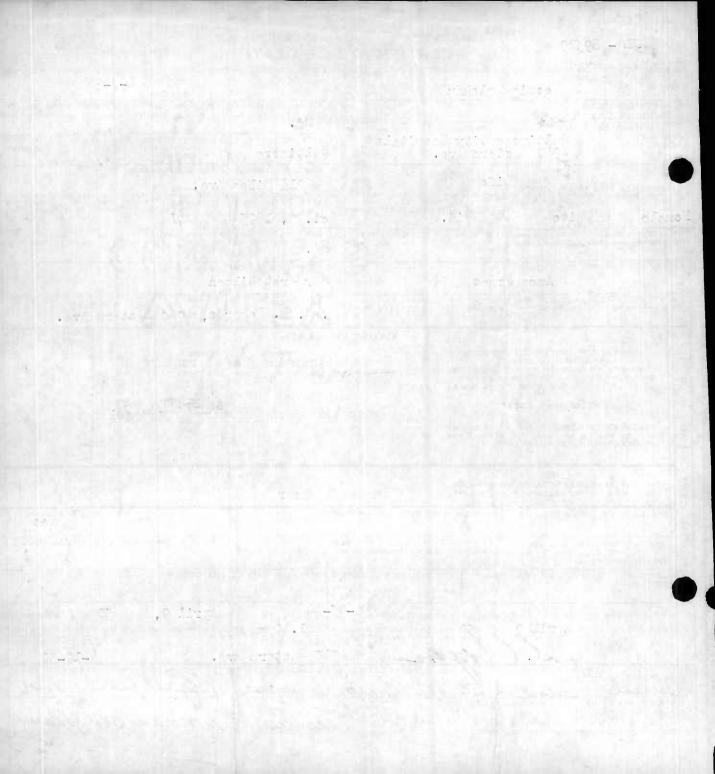
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50 3356 BALTIMORE CITY HEALTH DEPARTMENT JL - 89529 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) 4-9-50 Bessie Delchau OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR Baltimore City Hospital goation) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 4940 Eastern Ave. Baltimore township) o. STREET ADDRESS (If rural, give location) Mos 2918 Miles Ave. c. Length of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) If Under I Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Female. White Oct. 9, 1875 IOA. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Amos Jones Margaret Wilson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes, give war or dates of service) 16, SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. B. C. H. Records. 4940 Eastern Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH 2011 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Hemo Pericardium due to rupture of LEADING TO DEATH
(This does not mean the mode of dying, e.g., Epicardial Vessel heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Generalized and Coronary Arterioscherosis ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO OTHER SIGNIFICANT CONDITIONS CON-Duodenal Ulcer TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE AT WORK 8-25-44 . 19 to April 9. , 19 50 hat I last saw the 22. I hereby certify that I attended the deceased fromdeceased alive on April 9 . 19 50 and that death occurred at 1.40 pm., from the causes and on the date stated above, 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 4940 Eastern Ave. 24A. BURIAL, CREMA-24B, DATE 240 LOCATION (City, town, or county) TION REMOVAL (Specify) DATE RECEIVED BY 25. FUNERAL DIRECTO REGISTRAR'S SIGNATURE ADDRESS VS 150

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1	RTH NO.	01	Elen Kusa	RTIFICAT	DEAT	Registe	red No.
1. (T	NAME OF D	w od	ward	Crus	ld	2. DATE OF DEATH	v.10/1950
Α.		City, Maryland Q	rady 2		A. STATE	NCE Where deceased liv	Pole I of
H	FULL NAME OSPITAL OR ISTITUTION	2012 W 11 W W	ital or institution, gi	ve street address or location)	c. CHYOR TOWN	(If outside corporate	e limits, write RÜRAL and give township)
	3	eville Si	(NT mag	Yrs.	D. STREET ADDRI	ESS / Uf rural, gife location	on)
		tay in Baltimore		Mos. Days	8/02	Dullne	
n	sex	White	WIDOWED, D	RRIED. IVORCED (Specify)	4-20-	last Sirthean	y) Months Days Hours Min.
		CUPATION (Give kind of orking life, even if retired		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	BOAR	NAME OF OR	nald.		14. MOTHER'S MA	IDEN NAME .	
15 (Ye	5. WAS DECEASI	ED EVER IN U. S. ARM! (If yes, give war nr dat		SOCIAL SECURITY NO.	17. INFORMANT	AS POPKINS MUSPILL	ADDRESS
CERTIFICATION	(This does heart failus injury or DISEASE: RISE TO TUNDERL'	SOR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION III	of dying, e. g., eans the disease, caused death.) JSES IF ANY, GIVING) STATING THE AST. DITIONS CONTROL OF THE AST.	(A) Occide DUE TO (B)	V	'el Infanti	INTERVAL BETWEEN ONSET AND DEATH
	19A. DATE C	F OPERATION	19B. MAJOR FINI	DINGS OF OPER	RATION		20. AUTOPSY?
EDICAL	21A. ACCIDE HOMICIDE	ENT, SUICIDE, (Specify)		FINJURY (e. g., i story, street, office bldg.,			City, give exact location)
Ž.	21D. TIME OF INJURY	(Month) (Day) (Yea	r) (Hour) 21E. I WHILE M. WORK			INJURY OCCUR?	
	22. I hereb	y certify that I a		ased from 3	125 J. 19		19 that I last saw the on the date stated above.
	23A. SIGNA		, 13, and t	2	23B. ADDRESS	PKIRS ROSPITA	23C. DATE SIGNED
TI-DL	AA. BURIAL, ON REMOVAL S ATE RECEIVE OCAL REGIST	CREMA- 24B. DATE Specify) Okul!	4,1950 On	klasid	Conclus 25. FUNERAL DIE Roland	BINMANGLA ECTOR FISHEN 2112	Bundalk ave.
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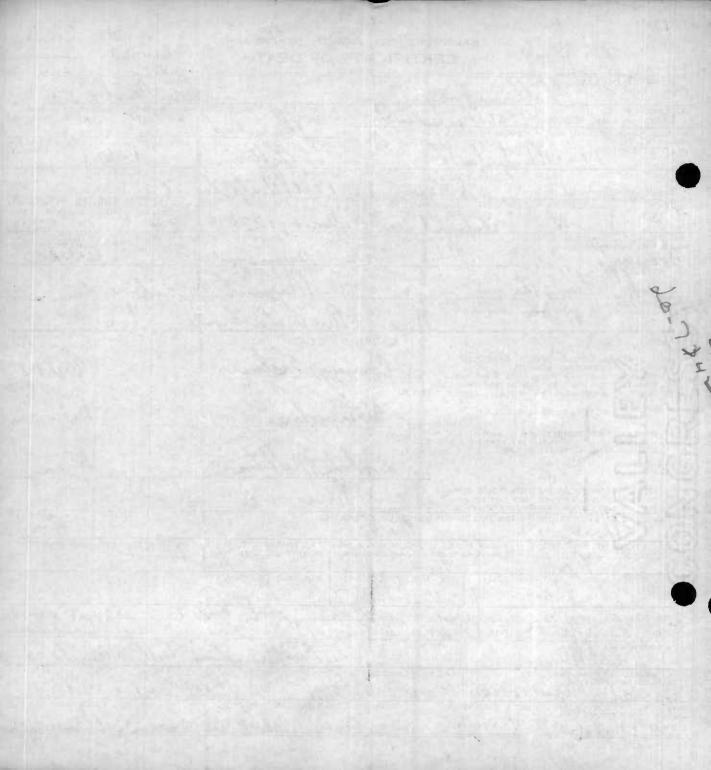
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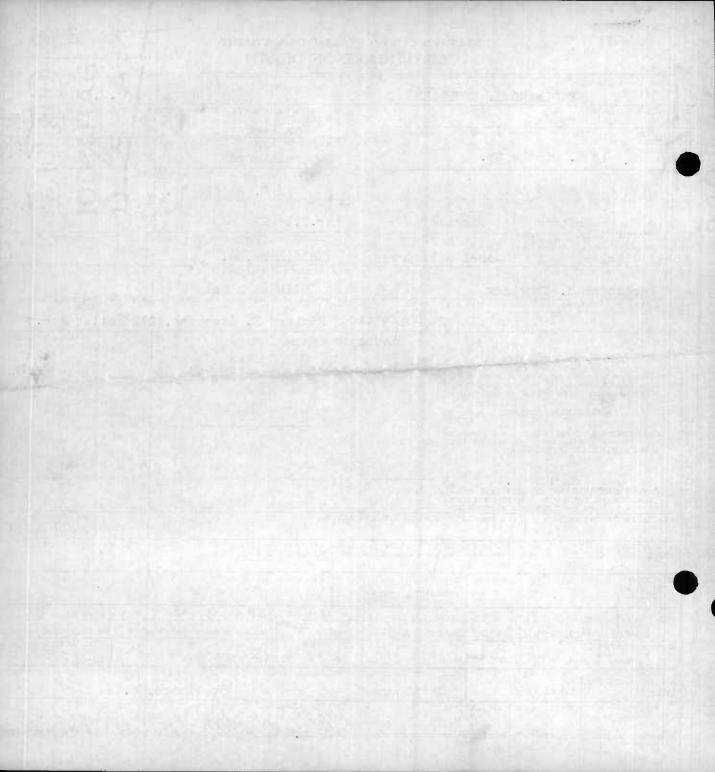
BALTIMORE CITY HEALTH DEPARTMENT

50 - 3358

Registered No .-CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS / (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year last birthday) Months; Days Hours; Min. MARCHARA 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work one during most of working life, even if retired) 12. CITIZEN OF INDUSTRY WHAT COUNTRY Hmunys 13. FATHER'S NAME 14. MOTHER'S MALOEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, or unknown) (If you war or dates of service) 16. SOCIAL (Yee, for unknown) CURITY NO INTERVAL BETWEEN CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION one ' YES ONO 21A, ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e. g., in or about home, farm sectory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? HOMICIDE (Specify) 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DED INJURY OCCUR? OF INJURY NOT WHILE 16 and WORK 1949, to Jank 22. I hereby certify that I attended the deceased from Ill exect , 19 that I last saw the m., from the causes and on the date stated above. deceased alive on fand? 19 ond that death occurred at 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS 24A. BURIAL, CREMA- 84B. DATE 24c. NAME OF CEMETERYOR TION REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR mutinalor.



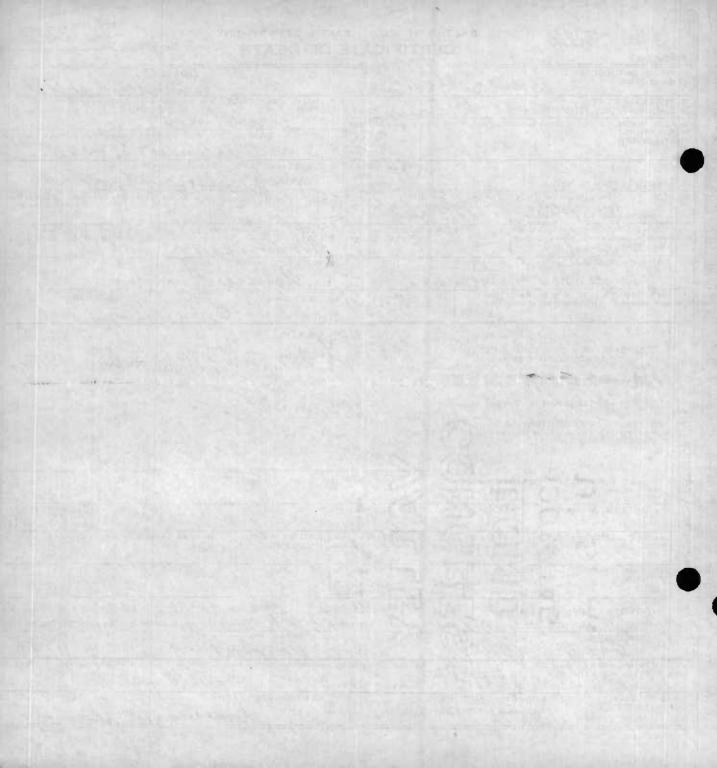
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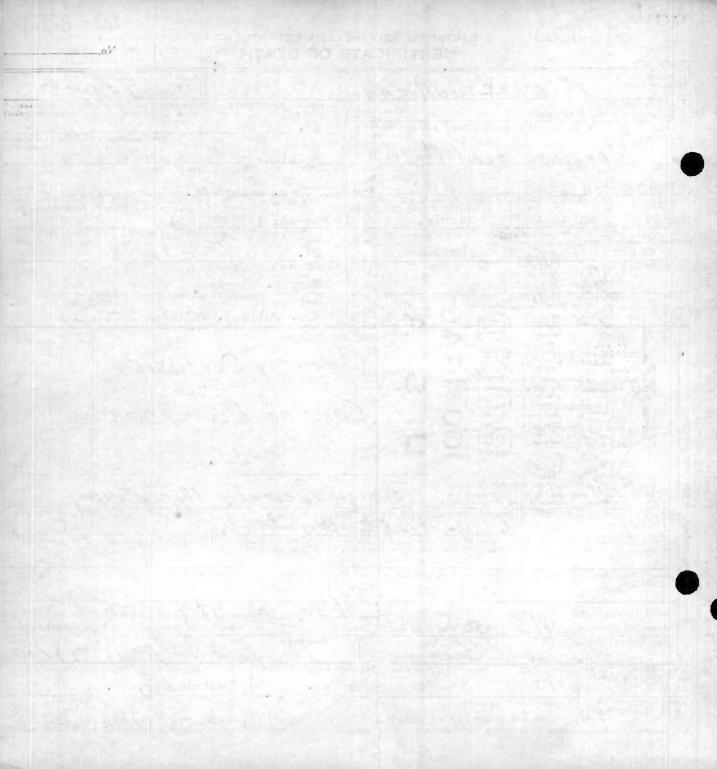


9	RTH NO.	50	3361				EALTH DEPA		Registe	50 red No	3361
1.	NAME OF DE	CEASED	Sel	MA	A.	GR	au		2. DATE OF DEATH	H- R-	50
A.]	PLACE OF DE Baltimore Ci FULL NAME O	ty, Maryla			give street		4. USUAL RES	10. 10	ere deceased liv	red. If instit	tution: residence before admission
HO	SPITAL OR STITUTION	2808		,	17	location)	c. CITY OR TO	WN (If or	NG utside corporate	limits, wri	ite RURAL and give township
c. 1	Length of sta		1		Vale.	Yrs. Mos. Days	2808		ral, give location	Roce	2 d
Fe	Male	Whit		WIDOWE	MARRIED. D. DIVORCE		8. DATE OF BI	R/H	9. AGE (In year	rs II Under Months	1 Year If Under 24 Hours Days Hours Min.
10A work	done during most of	UPATION (G	ive kind of 10 if retired)		F BUSINE	SS OR NDUSTRY	11. BIRTHPLAC	E (State or fore	ign country)		CITIZEN OF WHAT COUNTRY
13.	13. FATHER'S NAME					100	W E 1				
15. (Yes,	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service) 16. SOCIAL SECURITY NO. MRS. J. R. OWENS - 2922					ADDRI	ESS,				
	(This does r heart failure injury or c	OR COND EADING To the mean the c, asthenia, etcomplication	O DEATH mode of dy Lit means the which cause	ing, e.g., ne disease, d death.)	(A) DUE TO	0	or DEATH OWNAM	Thron	rboris c Cardi		NTERVAL BETWEEN ONSET AND DEATH
RTIFICATION	DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) VALUAL VALUAL (C)						years.				
빙	TO THE DIS	SNIFICANT TO THE DEAT EASE OR CO	H, BUT NOT	RELATED							
CAL	19A. DATE OF	-			INDINGS						YES NO
MEDI	LYING OR CAUSE OF D	CONTRIBUT			E OF INJUI				in Baltimore (City, give e	exact location)
	21D. TIME (M	lonth) (Day	(Year) (Ho	WHI	E. INJURY	NOT WHILE	D 21F. HOW I	YRULMI DIC	OCCUR?		
	22. I hereby certify that I attended the deceased from Summer, 1946 to Mil, 1950 that I last saw the deceased alive on Summer of the causes and on the date stated above										
	23A. SIGNATI		5. W	uti.	a inai aec		3B. ADDRESS	Jackers	RS.		IC. DATE SIGNED
24/ TIO		EMA- 24B.	-11-6	0 24	G. NAME OF	CEMETE	RY OF SREMATO	RY 240. LOC	allon (City,	town or co	oundy) (State)
DA	TE RECEIVED CAL REGISTR	AR	STRAR'S SI	Come Vit 1	Ę.	HI.	25 FUNERAL I	DIRECTOR	5 Ha	for	RESS Rd
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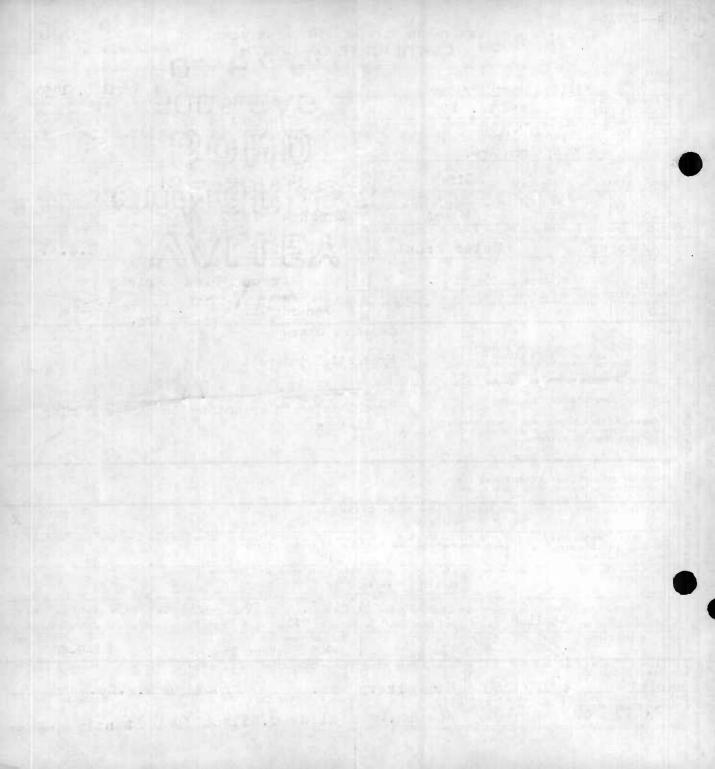
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) aura. DEATH 6 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland # 009 B COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) assumate) Yrs. D. STREET ADDRESS Albrural, give location) Mos. 4009 c. Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE. MARRIED 9. AGE (In years) H Undor 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. arries 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life even if retired) INDUSTR WHAT COUNTRY 2 tousembe Valumore) 13. FATHER'S NAME death eman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21A_ACCIDENT, SUICIDE, HOMICIDE (Specify) 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY . 1946, to 4-11 - 180, that I last saw the 22. I hereby certify that I attended the deceased from / - /deceased alive on 4-11-, 1950, and that death occurred at Am., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-V 24B. DATE TION, BEMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOGATION (City, town, or gounty) Valumore) relumon Juria DATE RECEIVED BY REGISTRAR'S SIGNATURE .. 28. HUNERAL DARECTOR ADDRESS VS 150





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В		RE CITY HEALTH DEPARTMEN TIFICATE OF DEATH	T SU 3365 Registered No.			
	NAME OF DECEASED Rebedle	Silver	2. DATE OF DEATH APR 8 - 1950			
A.	PLACE OF DEATH: Baltimore City, Maryland Balto. City FULL NAME OF Afract in hospital or institution, give	A. STATE	(Where deceased lived, If institution; residence B. COUNTY before idmission)			
H	DISPITAL OR CHAIS HOPKINS HOSTIT	location) c, CITY OR TOWN	(If outside corporate limits yrite RURAL and give township)			
0 5	Length of stay in Baltimore IO Yrs	Mos.	(If roral, give location)			
11 4	SEX 6, COLOR OR RACE 7. SINGLE, MARE WIDOWED, DIV	RIED, 8. DATE OF BIRTH	9. AGE (In years H Under 1 Year last birthday) Months Days Hours Min.			
1C wor	A. USUAL OCCUPATION (Give kind of lob. KIND OF BU done during most of working life, even if retired) Minister	SINESS OR INDUSTRY Infield N.	WHAT COUNTRY			
	.FATHER'S NAME George Silver	14. MOTHER'S MAIDEN				
15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 50	CCIAL TO THE TOTAL	ADDRESS			
CERTIFICATION	UNDERLYING CONDITION LAST. UI OTHER SIGNIFICANT CONDITIONS CON-					
	19A. DATE OF OPERATION 19B. MAJOR FINDI	NGS OF OPERATION	20. AUTOPSY?			
MEDICAL		INJURY (e. g., in or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City, give exact location)			
Ó	21b. TIME (Month) (Day) (Year) (Hour) 21c. IN. OF INJURY	JURY OCCURRED 21F. HOW DID INJU				
proofee er	22. I hereby certify that I attended the deceased from 3 - 16 to 4 - 8, 150 that I last saw the deceased alive on 4 - 1950, and that death occurred at 5 m., from the causes and on the date stated above. 23A. SIGNAPURE 23B. ADDRESS WHILE HIP THE CAUSES AND THE SIGNED					
II age	Burial 4/13/1950 Pum	ME OF CEMETERY OR CREMATORY 246 Line Cem. E1	LOCATION (City, town, or county) (State)			
	DR 11 1950 REGISTRAR'S SIGNATURE	Elroy O. Wil	Took D			
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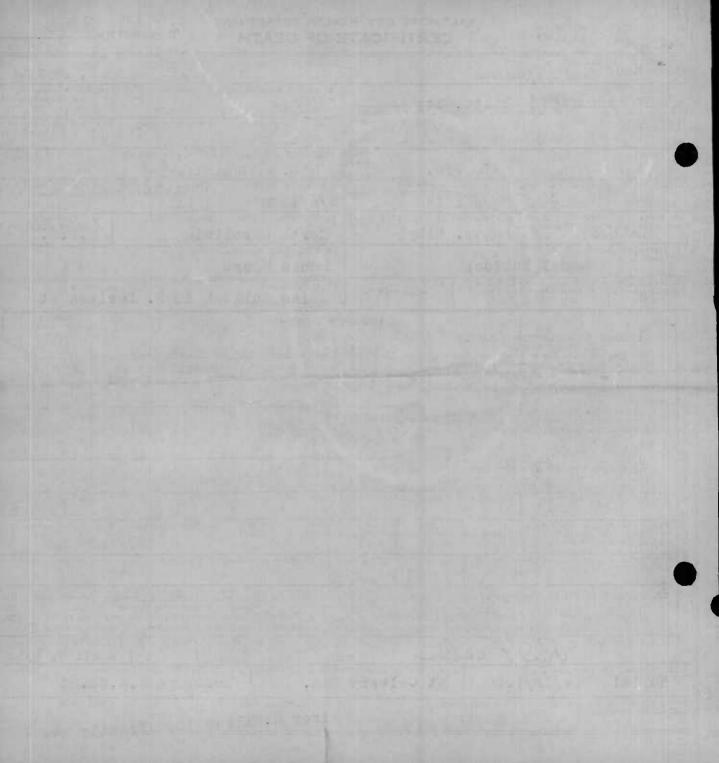
DEFENDANT OF THE THE COLUMN THE PARTY OF THE PAR

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF SAMUEL BULLOCK April 8, 1950 DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY Maryland Balto City
Of not in hospital or institution, give street address or before admission) Maryland B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Franklin Square Hospital Baltimore and legibly. Yrs. D. STREET ADDRESS (If rural, give location) Mos. IO Yre. 18 S. Carlton Street c. Length of stay in Baltimore Days 6. COLOR OF RACE 7. SINGLE, MARRIED 9. AGE (In years) if Under 1 Year WIDOWED DIVORCED (Specify)
Married last birthday) Months: Days Hours: Min. 3/5/1908 male colored 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR clearly 12. CITIZEN OF work done during most of working life, even if retired) U.S.A. INDUSTRY Bato. Laborer North Carolinia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death Samuel Bullock Annie Mogre 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS of (If yes, give war or dates of service) SECURITY NO. Helen Bullock I8 S. Carlton St NTERVAL BETWEEN 20.0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic and hypertensive (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, heart disease injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO Physicians: 3.3 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY? NO X important. 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or PRIMARY OR CONTRIBUTING bout home, farm, factory, etreet, office bldg., etc.) (If in Baltimore City, give exact location) 21c. WHERE DID INJURY OCCUR? CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK AT WORK 22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy. Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER age April 8, 1950 MEDICAL INVESTIGATOR 244. BURIAL CREMA-24c. NAME of CEMETERY OR CREMATORY 24b. LOCATION (City, town, or county) TION BENOVAL (Specify) 4/12/1950 Mt Calvery Cem. Brooklyn A.A.Co.Md ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR Elroy T. Wilson 1000 Brantly mutici witon VS 151

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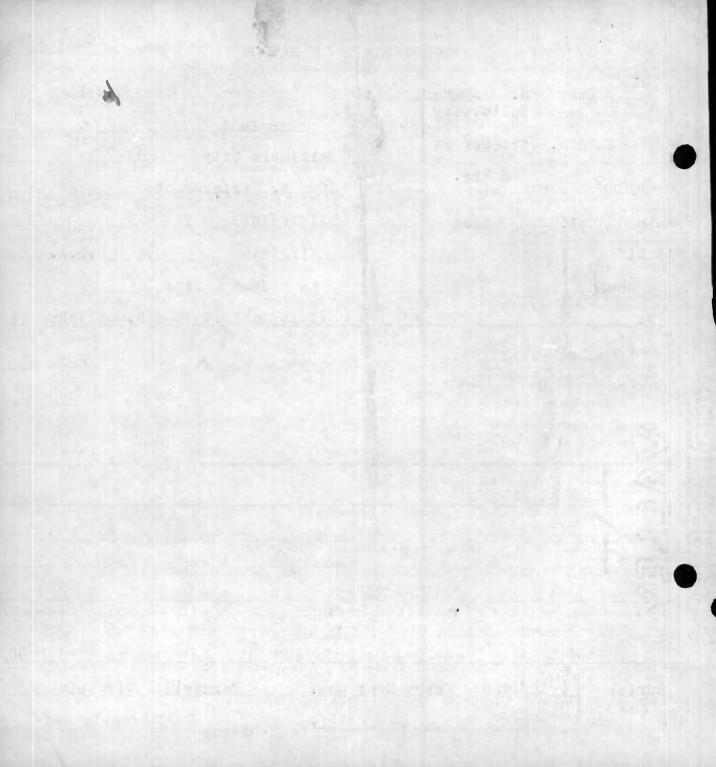


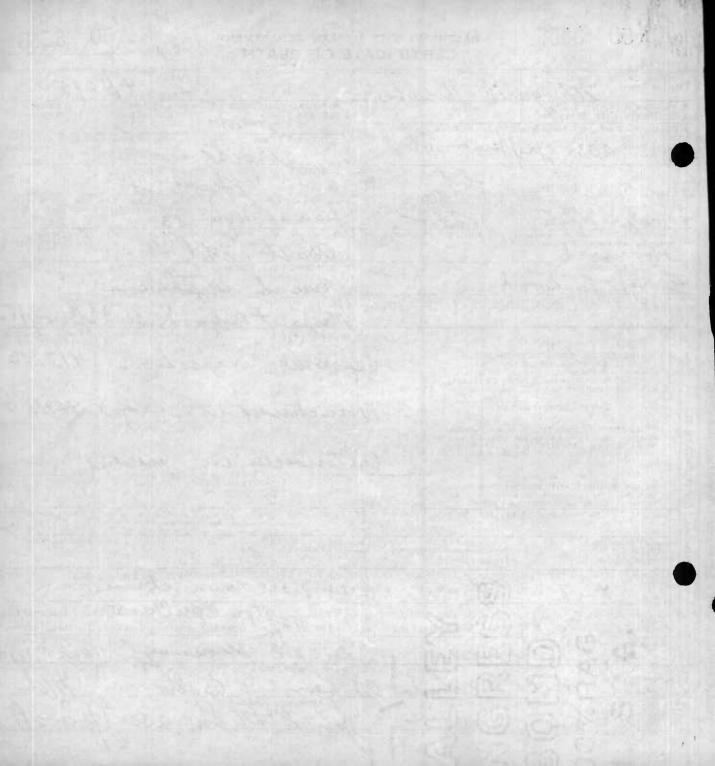
BALTIMORE CITY HEALTH DEPARTMENT 3367 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Lucy R. Lambert DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland Balto. City B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland location) (If outside corporate limits with BERAL and give C. CITY OR TOWN INSTITUTION IO25 N. Stricker St township! Baltimore City D. STREET ADDRESS (If rural, give location) Yrs. 3 Yrs. Mos. c. Length of stay in Baltimore Dava 1025 N. Stricker St.
B. DATE OF BIRTH 9. AGE (In 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | ff Under | ff Under 24 Hours | last birthday) | Months: Days | Hours | Min. WIDOWED DIVORCED (Specify) 3/17th/1873 77
11. BIRTHPLACE (State or foreign country) Widow 108. KIND OF BUSINESS OR Female Col.

10A. USUAL OCCUPATION (Give kind of) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Mid Wife Virginia
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary Jane Carter Unkown 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yee, no or unknown) SECURITY NO. Viola Lambart 1025 N. Stricker St. No INTERVAL BETWEEN 18. CAUSE OF DEATH 422.21 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH
(This does not mean the mode of dying, e.g., te heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO SA Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION A 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. YES CA 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED Ily. 22. I hereby certify that I attended the deceased from 1-3-1950, to - 7 - , 1956, that I last saw the Pm., from the causes and on the date stated above. deceased alive on 4-6-, 1950, and that death occurred at 238. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24A. BURTAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) correct 4/12/1950 Mercy Seat Cem. Burial Farmsville Virginia REGISTRAR'S SIGNATURE ADDRESS DATE RECEIVED BY 25. FUNERAL DIRECTOR APR 11 1950 1000 Brantly Ave

VS 150

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3369 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) SUSIE BESS WALLACE DEATH April 9, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hespital or institution, give street address or HOSPITAL OR location' (If outside corporate limits, write RURAL and give C. CITY OR TOWN STITUTION 811 WEST FAYETTE STREET BALTIMORE Yrs. D. STREET ADDRESS (If rural, give location) 20 Years Mos. 811 WEST FAYETTE STREET c. Length of stay in Baltimore 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (in years) If Unties I Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Female Negro MARRIED Feb.4, 1901 49 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? HOUSEWIFE MARSHALL, NORTH CAROLINA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LOUIS LLYLES CAROLINE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yer, no or unknown) (If yes, give war or dates of service) SECURITY NO. JAMES J. WALLACE-811 W. FAYETTE ST. No None INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE! 22. I hereby certify that I attended the deceased from Mesch 23, 195 a to and , 19 hat I last saw the , 19 5 C and that death occurred at 5 Pm. from the eauses and on the date stated above. deceased alive on 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED

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24A. BURNAL, CREMA-

BURIAL DATE RECEIVED BY

4/12/50

REGISTRAR'S SIGNATURE

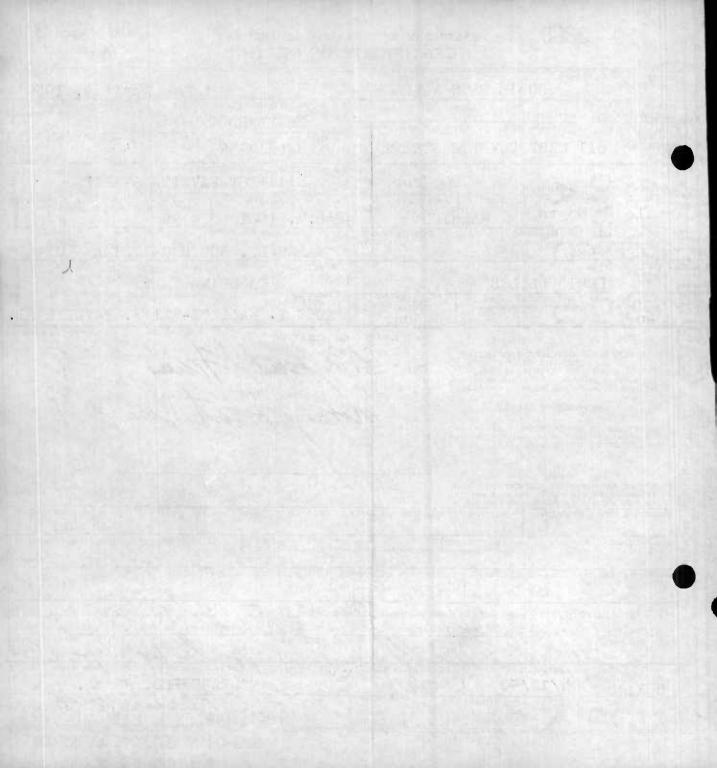
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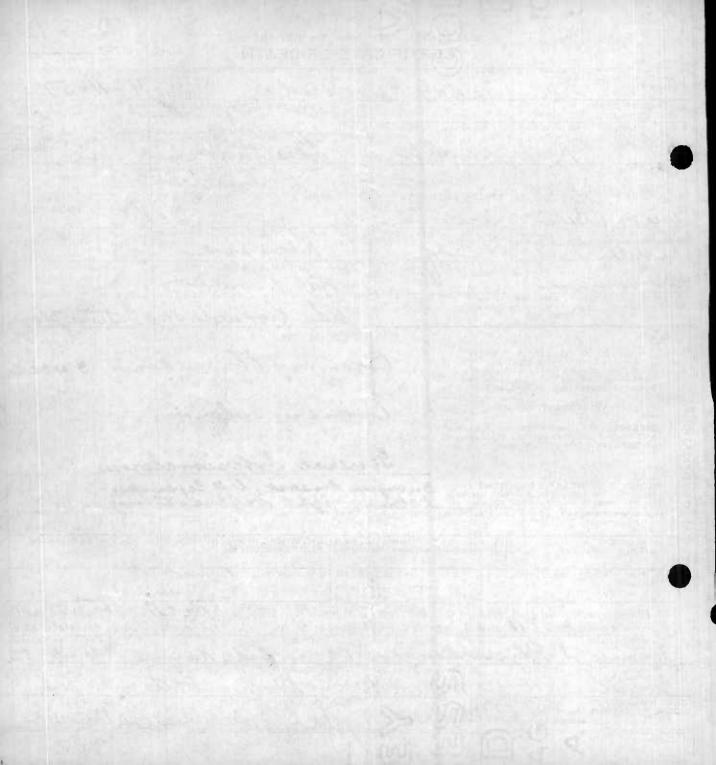
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802-04 MADISON AVENUE

25. FUNERAL DIRECTOR



2	50 3370 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Reg	50 3370 gistered No.
	B. FULL NAME OF (If not in hospital or institution, give street address or	APril 9-50
of death cle	223 Chaptank St. Balto Yrs. D. STREET ADDRESS, (If rural, gife I	porate limits, write BURAL and give township) location)
	5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED: WIDDWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of ork done during most of worklog life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign count in the count of	thday) Months Days Hours Min.
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17, INFORMANT SECURITY NO.	ADDRESS ALOS Flowle and &
write the causes	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, in jury or complication which caused death.) CAUSE OF DEATH (A) Utteriorduration Cardio.	INTERVAL BETWEEN
important. Physicians: please	ANTECEDENT CAUSES (B)	
	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	20, AUTOPSY?
	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or labout home, farm, factory, atreet, office bldg., etc.) 19b. MAJOR FINDINGS OF OPERATION 21c. WHERE DID (If in Baltim about home, farm, factory, atreet, office bldg., etc.)	YES NO Property No
especially in	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK 222. I hereby certify that I attended the deceased from 100.	, 19 50 , that I last saw the
age is esp	deceased alive on 1950, and that death occurred att. A.m., from the causes 23A. SIGNATURE 23B. ADDRESS 40 & S. Patleron Pak Con 24A. BURINI. CREMA-1 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION	and on the date stated above 23c. DATE SIGNED 4-10-50 (City, town, or county) (State)
correct a	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR APR 1 1950 REMOVAL (Specify) COLUMN COST SERMAN LOCAL REGISTRAR REGISTRA	Il Rol Bolto co. 1800 E. Lombards
	VS 150	937



3372 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF -10-45 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence

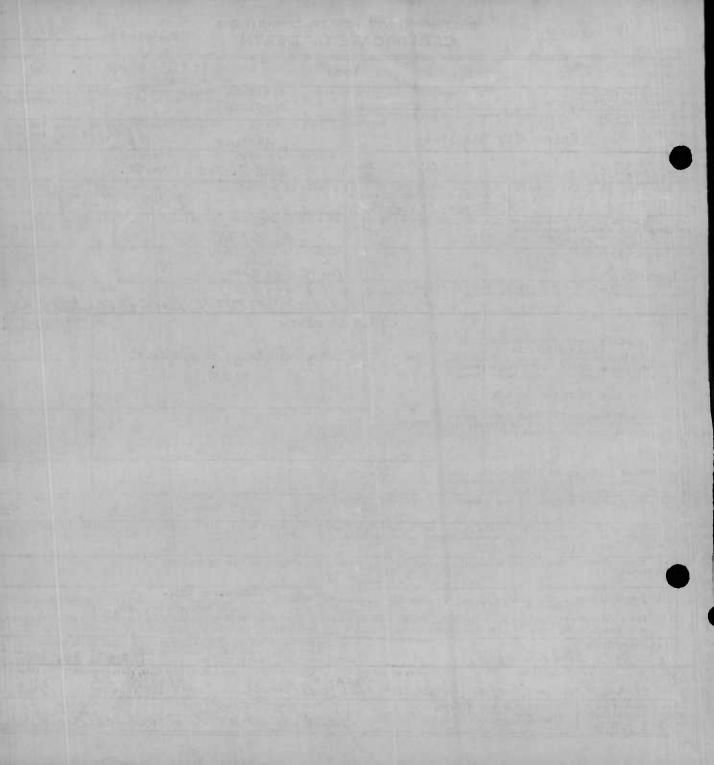
B. COUNTY | fefore admission) 3. PLACE OF DEATH A. Baltimore City, Maryland 4601 B. COUNTY (If not in hospital or institution, give street address or B. FULL NAMETOF HOSPITAL OR location INSTITUTION (township) D. STREET ADDRESS If rural, give location Yrs. Mos. c. Length of stay in Baltimore Dave 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years If Under I Year ff Under 24 Hours VIDOWED, DIVORCED (Specify) last hiethday) | Months: Days | Hours | Min. MARR bedowes IOA. USUAL OCCUPATION (Givekind of) 108. KIND-OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF workstone define most of working life, even if retired) WHAT COUNTRY? 13. FATHER'S NAME MOTHER'S MAIDEN NAME noses 15. WAS DECEASED EVER IN U. S. ARMED FORCES! 16. SOCIAL ADDITESS INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 420.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which eaused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21c. WHERE DID INJURY OCCUR? 1D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED F INJURY NOT WHILE! WHILE AT deceased alive on 3-25, 1950, and that death occurred at Z - m., from the causes and that I last saw the 3003 Jarrison Blue 4-10-10 244. BURIAL, CREMA-24D. LOCATION (City, town, or eounty) 24C. NAME OF CEMETERY OR CREMATORY! DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS wis one VS 150

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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE April 10, 1950 Bloom (Type or Print) OF Hyman DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION University Hospital Baltimore p. STREET ADDRESS (If rural, give location) Yrs. Mog 1614 N. Bentalowe St. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months Days Hours Min. 5. SEX 8. DATE OF BIRTH 6. COLOR OR RACE WIDOWED, DIVORCED (Specify) maurie 10A. USUAL OCCUPATION (Givekind of 10s. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF guring most of working life, even if retired) INDUSTRY WHAT COUNTRY 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknowo) SECURITY NO. (If yes, give war or dates of service) NTERVAL BETWEEN CAUSE OF DEATH 20.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. (If in Baltimore City, give exact location) 21c. WHERE DID 218. PLACE OF INJURY (e. g., io or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT AT WORK WORK Insp. & Ing. 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes 3 accident , suicide , homicide , undetermined . 23c. DATE SIGNED 238. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER April MEDICAL INVESTIGATOR BURIAL, CREMA-240. LOCATION (City of wn, or county) (State) NAME OF CEMETERY REMOVAL (Specify areas REGISTRAR'S SIGNATURE ADDRESS DATE RECEIVED BY

LOCAL REGISTRAR

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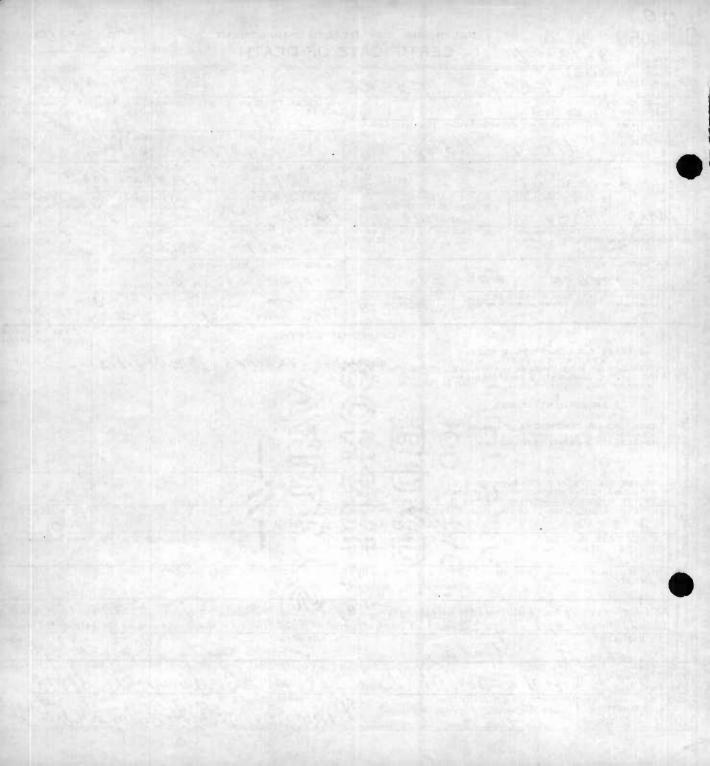
463 BALTIMORE CITY HEALTH DEPARTMENT 50 3376 Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE Elizabeth (Type or Print) MRS. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, It institution: residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate liprits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Baltimore Chrych D. STREET ADDRESS (If rural, give location) Yrs. Mos. Federal St. c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewite Home MARYLAND U. S. 11 . 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Weedon 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. iss M. Fickus Church Home Hospisal No Hone INTERVAL BETWEEN 18. CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY Digmoid Colon LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION important. Carcinoma 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) EDI 21D. TIME (Month) (Day) (Year) (Hour) DF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT NOT WHILE 1957 that I last saw the 19 50 to 22. I hereby certify that I attended the deceased from_ 19.50, and that death occurred at 4 30 _m., from the causes and on the date stated above. deceased alive on_ 23c. DATE SIGNED 23A. SIGNATURE aw-ar 24A. BURIAL, CREMA-TION, REMOVAL (Specify) BUTIAL 24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY 24B. DATE 4/12/50 Baltimore Cemetery Baltimore, Md. ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Twitte often Williams Mills

300 50 3377 BALTIMORE CITY HE CERTIFICATE		50 Registered N	.3377	
1. NAME OF DECEASED (Type or Print) GEORGE TAUDTE		of Apr. 8	3.1950	
3. PLACE OF DEATH: a. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (WA. STATE			
HOSPITAL OR INSTITUTION 5430 Belair Rd	Baltimore	-6 27-	write RURAL and give (O4A) township)	
c. Length of stay in Baltimore Life Yrs. Days	5430 Belair			
Male White 7. SINGLE, MARRIED, Married (Specify)	Aug. 27.1890		Under 1 Year If Under 24 Hours hths Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of pork done during most of working life, even if retired) Proprietor of Paint & Hardware Store		reign country)	USA	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NA			
Anton Taudte 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Emma Schmalba			
	Mrs. Sadie Taud	te (Wife) AC	DDRESS	
LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	ardial Arteri	osclerosis	1 hour	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?	
			YES NO	
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bidg., etc.) LID. TIME (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED 21f. HOW DID INJURY OCCUR?				
FINJURY MHILE AT NOT WHILE AT WORK AT WORK		OCCURT		
22. I hereby certify that I attended the deceased from deceased alive on April 6, 1950, and that death occur			, that I last saw the e date stated above	
Joseph Pokorny M.D.	2200 E Wadiso	n It	4/9/50	
24a. BURIAL, (REMA- TION, REMOVAL (Specify) Burial Apr.11.1950 Parkwood Ce		Imore Md.	or county) (State)	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR HENRY SANDER & Baltimore Md.		ADDRESS	
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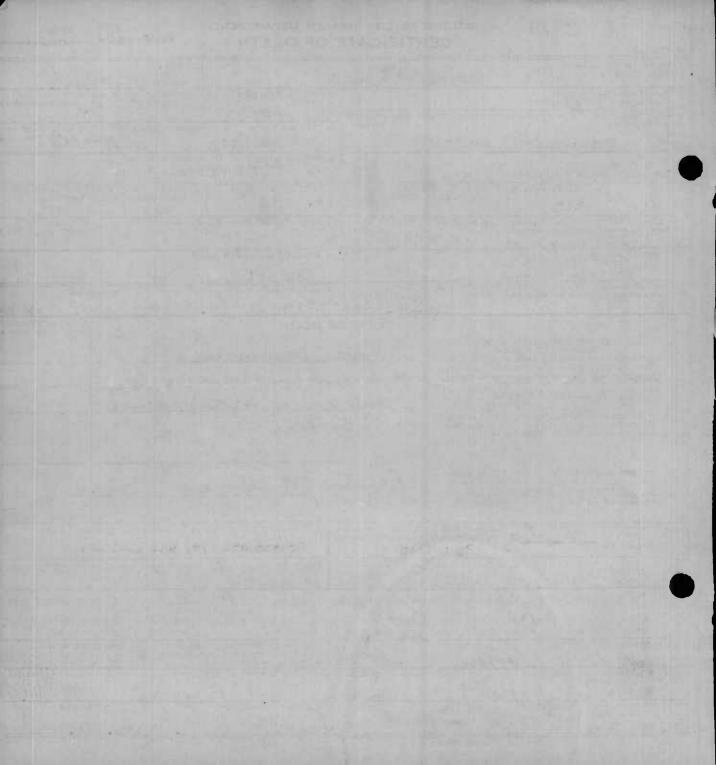
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	50 3378 BALTIMORE CITY H	EALTH DEPARTMENT 50 3378					
	BIRTH NO. 48-13 470 CERTIFICATE OF DEATH Registered No						
	1. NAME OF DECEASED (Type or Print) JERRY FOSKS	2. DATE 4/9/58					
1	S. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived. It institution: residence A. STATE B. COUNTY before admission					
	B. FULL NAME OF (If not in hospital or institution, give street address or	MO					
	HOSPITAL OR INSTITUTION UNIV. Hosp.	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township					
uegan	c. Length of stay in Baltimore	D. STREET ADDRESS (If rural, give location) 3/2 MYRTLE AVE					
ana	5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify). SINGLE	3. DATE OF BIRTH 9. AGE (In years It Under I Year II Under 24 Nours Minder 14 Nours Minder 20					
cleariy	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY					
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
death	CLARENCE FOSKEY	MARY FOSKEY					
lo	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	MRSMARY TOSKEY 3/ ZNYRTE HIE					
causes	18. JOUIX. CAUSE	OF DEATH INTERVAL BETWEE					
the	DISEASE OR CONDITION DIRECTLY						
write t	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) LEADING TO DEATH (A) LARYNGO - TRACHEO - BRONCHITIS						
	_ ANTECEDENT CAUSES						
pease	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
hysicians:	5 SABERETING GORBITION EXST.						
SICI	OTHER SIGNIFICANT CONDITIONS CON-						
hy	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
	194. DATE OF OPERATION 3 198. MAJOR FINDINGS OF OPER						
tan	Q 4/9/30 LARYNGEAC 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., boot home, farm, factory, street, office bldg., about home, farm, factory, street, office bldg.						
important.							
- 1	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY						
ally	m. WHILE AT NOT WHILE AT WORK						
especially	22. I hereby certify that I attended the deceased from 4/8, 1950, to 4/9, 1950, that I last saw the						
	deceased alive on 4/7, 19 3 Q, and that death occurred at 1 30 Pm., from the causes and on the date stated above 23A SIGNATURE 23B. ADDRESS 23C. DATE SIGNE						
e is	John 7. Strahan M.O. Conversity Hosp. 4/9/5						
t age	24A BUNIAL CREMA 249 DATE 24C NAME SECEMETE	ERY OR CHEMATORY 240. LOCATION (City, town, or county) (State)					
correct	DATE RECEIVED BY REGISTRAR'S SIGNATURE	A5. FUNERAL DIRECTOR ADDRESS 519					
Ö	APR 11 1950	Motorance (1. Hemsley Widdle st					
	VS 150	106 0					



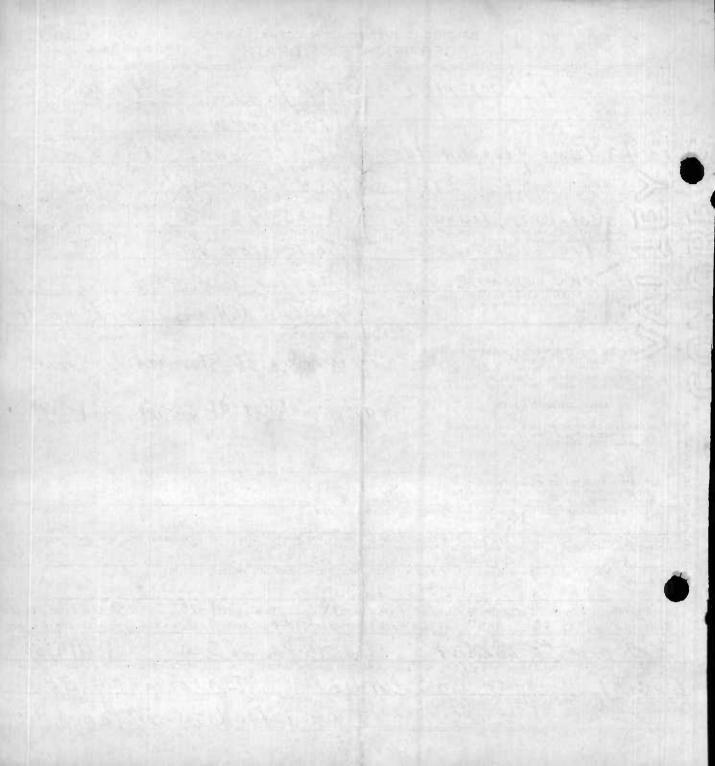
BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) MARY CATHERINE DEATH April 10, 1950 BURNS 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) of not in hospital or institution, give street address or Marvland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Union Memorial Hospital Baltimore D. STREET ADDRESS (If rural, give location Yrs. Mos 5207 York Road . Length of stay in Baltimore Life Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (in years If Under 1 Year last birthday) | Months: Days | Hours: Min. Var. 5, 1387 Female White 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if setired) INDUSTRY WHAT COUNTRY Telephone Operator 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME William Burns Katherine 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Elizabeth 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE-TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS 19A. DATE OF OPERATION 20. AUTOPSY 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING TO CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? Greenmount Ave. and 31st St. Streetcar 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED Was thrown off Gerance by forward motion OF INJURY 4/5/50 4:40 of streetcar Autopsy 22. I certify that I took charge of the remains described above, held an _ thercon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy. Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \(\subseteq \), suicide \(\suprempty \), homicide \(\suprempty \), undetermined \(\suprempty \). 23A. SIGNATURE 238 CHIEF MEDICAL EXAMINER. ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-I 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) (State) TION, REMOVAL (Specify) בת יוני ew Cathedral 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR trustor / masse, M. VS 151



BALTIMORE CITY HEALTH DEPARTMENT

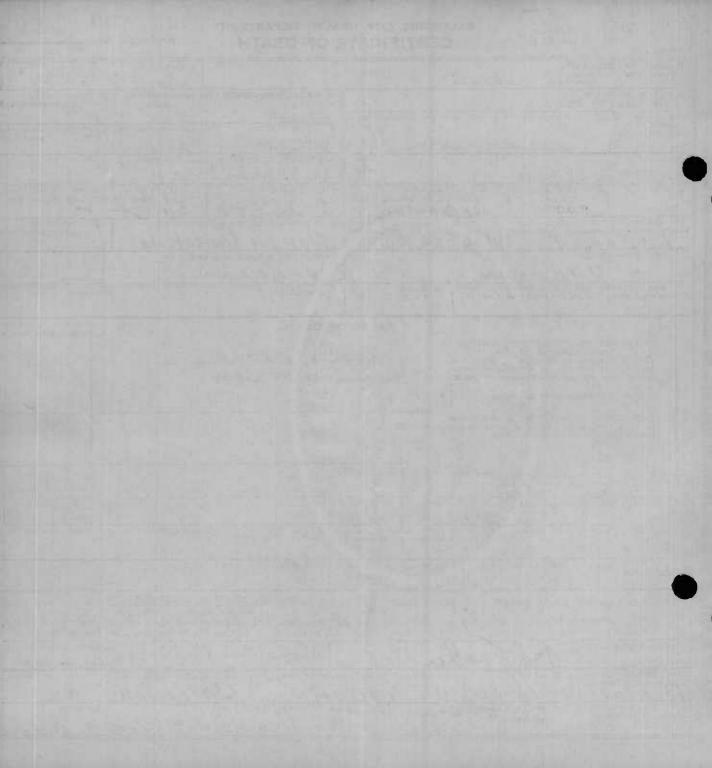
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1	IRTH NO.					
	1. NAME OF DECEASED FIRENCE TERRY 2. DATE OF DEATH 4.	10-50				
	3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE 4. USUAL RESIDENCE (Where deceased lived, If in a Baltimore City, Maryland B. COUNTY	nstitution : residence before admission)				
	B. FULL NAME OF (If not in hospital or institution, give street address or location) c. CITY OR OWN (If outside corporate limits,	4 7) 7 7) 4 7				
	INSTITUTION PENNSY JANIA AVE BALTIMORE 14-	township				
Ē	Yrs. O. STREET ADDRESS (If rural, give location)	η.				
1000	c. Length of stay in Baltimore 53/RS Mos. Days 1543 PENNS/IVA 116	1 ITVE.				
	WIDOWED, DIVORCED (Specify) 2 15 (22 lest birthday) Mon	ths Days Hours Min.				
1	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF				
W	DOMESTIC PRIVATE INDUSTRY SO, BOSTON VA.	WHAT COUNTRY				
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	WM. HENRY JONES ISOXIES OVERBY					
0	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wer or dates of service) 16. SOCIAL SECURITY NO. MAR CFIE Williams - 1539	PENN. AVE				
	18. /5/X CAUSE OF DEATH	INTERVAL BETWEEN				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0 0000				
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO						
	Z ANTECEDENT CAUSES (B) Commonators of Lungs	1 ms				
AT.	1					
H	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.					
i	(c)					
	OTHER SIGNIFICANT CONDITIONS CON-					
	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
1	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?				
0	21a. ACCIDENT, SUICIDE, 21b. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, giebout bome, farm, factory, street, office bldg., etc.) INJURY OCCUR?					
1 1						
ľ	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?					
1	m. WHILE AT NOT WHILE AT WORK					
22. I hereby certify that I attended the deceased from 2-18, 1950, to 4-10, 1950,						
	deceased alive on 4-10, 1950, and that death occurred at 7:00 m., from the causes and on the	e date stated above				
	Thomstwillps m.o. 1543 Perms Cue	4/11/50				
	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, of TION, REMOVAL (Specify)	or county) (State)				
	BURIAL 4-13-50 MT. HUBURN BALTIMOR	E 30.				
5	DATE REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LINE REGISTRAR'S SIGNATURE WM. A. JACKSON - 916 P	ENWA. AVE				



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ecially



19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDER-

LYING OR CONTRIBUTING

CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or

about home, farm, factory, street, office bldg., etc.)

21E. INJURY OCCURRED

ID. TIME (Month) (Day) (Year) (Hour) INJURY NOT WHILE

22. I hereby certify that I attended the deceased from Cenrel 2

deceased alive on april 8. 1950, and that death occurred at 120 Pm. from the causes and on the date stated above. 23A. SIGNATURE When P. Urlock

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

introdor Whiaille, Mil

24c. NAME OF CEMETERY OR CREMATORY

21F. HOW DID INJURY OCCUR?

23c. DATE SIGNED

20. AUTOPSY

ADDRESS

(If in Baltimore City, give exact location)

1950 to april & , 1950 that I last saw the

21c. WHERE DID

INJURY OCCUR?

DATE RECEIVED BY

death

a Parturel Miller Annual State

25. FUNERAL DIRECTOR

Clarence P. Hoffmann 1639 Broadway.

ADDRESS

20. AUTOPSY

before admission)

township)

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

tutivator Williams, Ma

death

write

A. Hangon 28 46 9. aufild 01.3920 1127 St. March 1 5959 BR. 5386

5	0 2284				EALTH DEPARTMENT E OF DEATH	Registered 1	50	3384
81	NAME OF DECE	ASFD		CERTIFICAT	E OF DEATH			
	(Type or Print) Nina M. Grimes				OF 4/9	50		
	3. PLACE OF DEATH: A. Baltimore City, Maryland				A. STATE		institution;	residence pre admission
HC	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) 137 E. North Ave.					outside corporate limi	s, weite 50	RAL and giv township
c. Length of stay in Baltimore 14 Mo. Mos. Days				D. STREET ADDRESS (If rural, give location) 137 E. North Ave.				
			E. MARRIED, PED DIXORCED (Specify)	Sept 20 1875	9. AGE (in years last birthday) Me	onths Days	ii Under 24 fion Hours: Alir	
10A. USUAL OCCUPATION (Givekind of tob. KIND OF BU work done during most of working life, even if retired) At riome			OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Chicago Ill.	reign country)	12. CITIZ	COUNTR'	
13	13. FATHER'S NAME Waldo King				14. MOTHER'S MAIDEN NAME Laura V. Mohler			
15 (Yes	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NONE			SECURITY NO.	17. INFORMANT Earl V. Grimes	137 E	DDRESS North	Ave.
				OF DEATH			AND DEA	
	(This does not heart failure, as	PR CONDITION ADING TO DEA mean the mode of sthenia, etc. It mea plication which of	TH of dying, e. a ins the diseas	e,	ary thrombosis		15	min.
-	ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
ATIO								
U L II U OTHER SIGNIFICANT CONDITIONS CON U TRIBUTING TO THE DEATH, BUT NOT RELATE U TO THE DISEASE OR CONDITION CAUSING I		ED .						
				FINDINGS OF OPER	RATION			NO X
DIC	21A. ACCIDENT, HOMICIDE (S			ACE OF INJURY (e. g., arm, factory, street, office bldg.,		f in Baltimore City,		

1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

NOT WHILE!

MAC NAME OF CEMETERY OR CREMATORY

AT WORK

F INJURY WHILE AT

22. I hereby certify that I attended the deceased from 4/9, 1950 to 4/10, 1950, that I last saw the deceased give on not seen street and that death occurred at 10:40m. from the causes and on the date stated above.

234 SIGNATURE

24A. PURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 4/12/50

Meadowridge Mem. Cem Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE

LOCAL REGISTRAR

25. FUNERAL DIRECTOR

238. ADDRESS 2431 Maryland Ave.

21F, HOW DID INJURY OCCUR?

. 1950 to

Md.

ADDRESS

23c. DATE SIGNED 4/10/50

VS 150

24D. LOCATION (City, town, or county)

Howard Co.

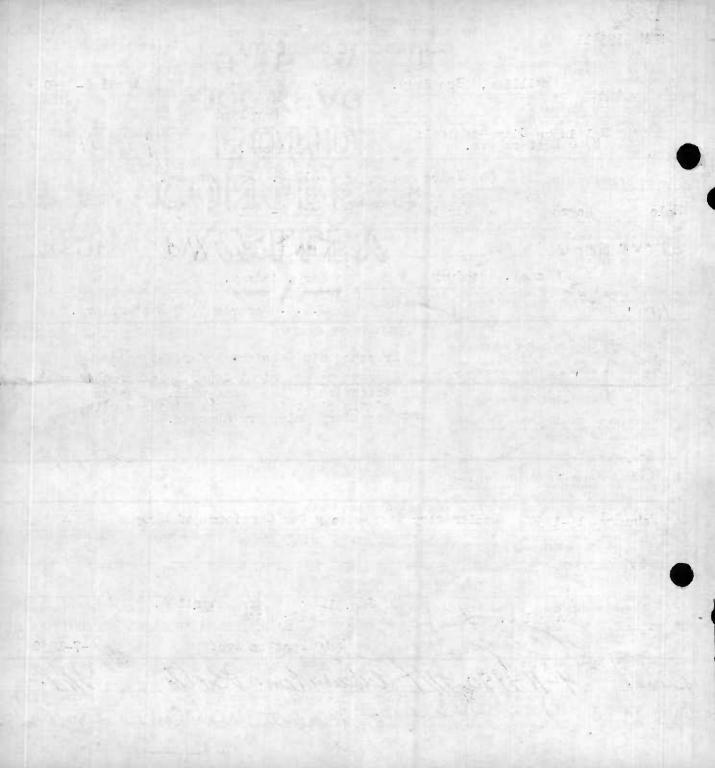
E. S. Cook 24 21 MERY found Flot.

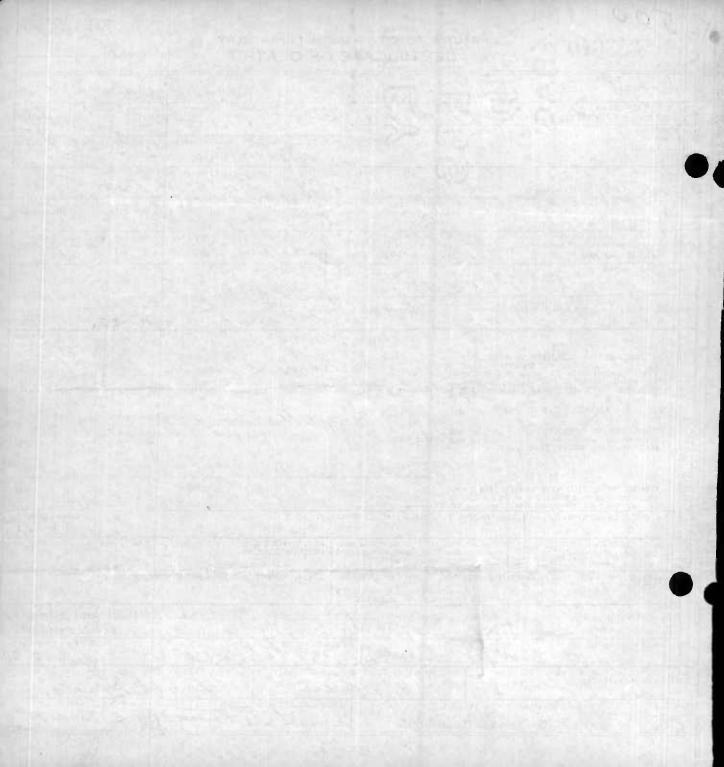
important.

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR Thurtie for Hollians Me

DATE RECEIVED BY





The

Correct age is especially important. Physicians: please write the causes of death clearly and logist.

BALTIMORE CITY HEALTH DEPARTMENT

3387 50

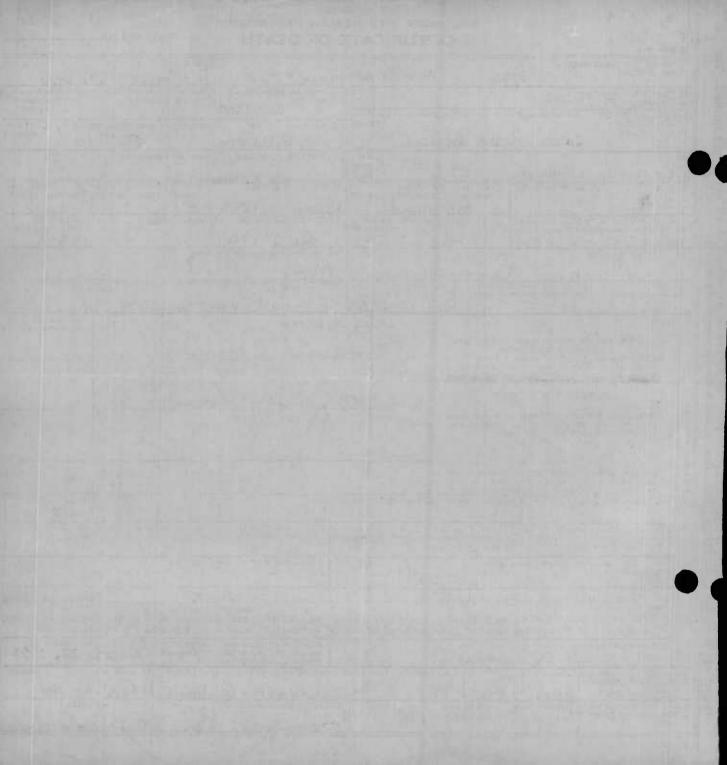
BI	RTH NO.	CERTIFIC	CATE	OF DEATH	Registered No.		
1. (T	NAME OF DECEASED ype or Print)	Frank Perouka	(or) F	ranks. Perouth	2. DATE OF DEATH April 1	0, 1950	
A.	PLACE OF DEATH: Baltimore City, Maryland		^	A. USUAL RESIDENCE (WI	ere deceased lived. If ins	titution : residence before admission	
H	OSPITAL OR	pital or institution, give street ad	41 1	Maryland (If o	utside corporate limits, w	riteRURAL and giv	
IN	Johns Ho	opkins Hospital		Baltimore	6-	Oftownship	
c.	Length of stay in Baltimore	49 rrs	Yrs. Mos. Days	o. STREET ADDRESS (If r			
	SEX 6. COLOR DR RAC		8	DATE OF BIRTH		er I Year If Under 24 Hours as: Days Hours: Min	
	M W	Married		June 26 1899	51		
Worl	A. USUAL OCCUPATION (Give kind k done during most of working life, even if retire	od) IND	USTRY	1. BIRTHPLACE (State or for	eign country) 12	WHAT COUNTRY	
	FATHER'S NAME	n humber co		4. MOTHER'S MAIDEN NA	ME	U. S. A.	
	Frank	Peroutica		Marr	7		
	b. WAS DECEASED EVER IN U.S. ARM	AED FORCES? 16. SOCIAL SECURITY	NO.	7. INFORMANT	ADD	RESS	
`	No I	213-12-1	555	Elsie Perou	the DDNC	hapel St	
	18. 420.1	CA	USE OF	DEATH		INTERVAL BETWEE	
	DISEASE OR CONDITION	N DIRECTLY		1001	1		
	(This does not mean the mod heart failure, asthenia, etc. It n injury or complication which	e of dying, e.g., (A)	yoca	raa capare	uon_		
	ANTECEDENT CA	USES	nona	re astere des	0-10.		
NOIL	DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE (UNDERLYING CONDITION	A) STATING THE DUE TO)			
CA		(C)					
RTIF	II OTHER SIGNIFICANT CON						
田田	TRIBUTING TO THE DEATH, BU TO THE DISEASE OR CONDITE	JT NOT RELATED					
U	19A. DATE OF OPERATION	198. MAJOR FINDINGS OF	OPERAT	TON		20. AUTOPSY?	
AL	21A. EXTERNAL CAUSE WAS	21B. PLACE OF INJURY	(e. g., in or	21c. WHERE DID (If	in Baltimore City, give	YES ND NO	
EDIC	PRIMARY OR CONTRIBUTING	about home, farm, factory, street, off	ice bldg.,etc.)	INJURY OCCUR?			
Σ	21D. TIME (Month) (Day) (Yes OF INJURY	WHILE AT NO	T WHILE	21F. HOW DID INJURY	OCCUR?		
	22. I certify that I took ch			ve. held an Autop	sy	thereon and from	
	22. I certify that I took charge of the remains described above, held an Autopsy thereon and fro Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes [V], accident [], suicide [], homicide [], undetermined [].						
	23A. SIGNATURE	Clasherta		238, CHIEF MEDICAL EX	XAMINER□ 23c.	DATE SIGNED	
24 TI	AA. BURIAL. CREMA 24B. DATE	24C. NAME OF C	0	DR CREMATORY 24D. LO	CATION (City, town, or		
D.	ATE RECEIVED BY TREGISTRA	13-50 10 Y		5. FUNERAL DIRECTOR	lait la la	to./Ma	
LC	CADREG STRAN	ion / Villaure, Mill	(/) - TO F) 10 10 1	on Land St	

VS 151

Boo 1800 E Lombard St

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aboy



21A. ACCIDENT WAS UNDER

LYING OR CONTRIBUTING

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION ()

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

, 195 to

22. I hereby certify that I attended the deceased from.

4-13-1950

24B. DATE

ohen deceased alive on 10 and that death occurred at 7 m., from the causes and on the date stated above.

21B. PLACE OF INJURY (e. g., in or

about home, farm, factory, street, office bldg., etc.)

23c. DATE SIGNED

240. LOCATION (City, town, or county)

Cife . 1950 that I last saw the

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial

234. SIGNATURE

New Cathedral

Baltimore,

ADDRESS

DATE RECEIVED BY

Item of information

death

REGISTRAR'S SIGNATURE

1 25. FUNERAL DIRECTOR

238. ADDRESS

mutuator Williams, Abs G. Howard Strong 3207 W. North Ave.,

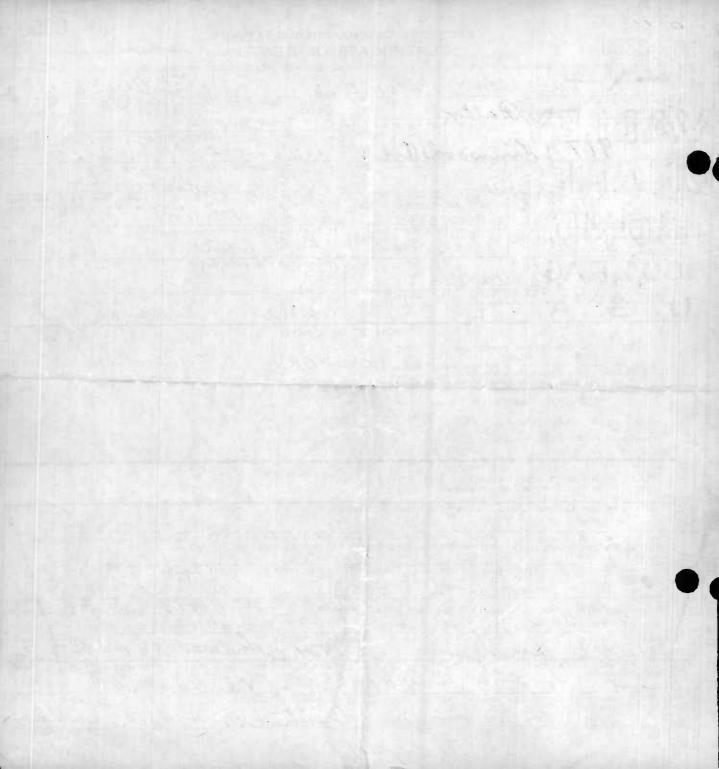
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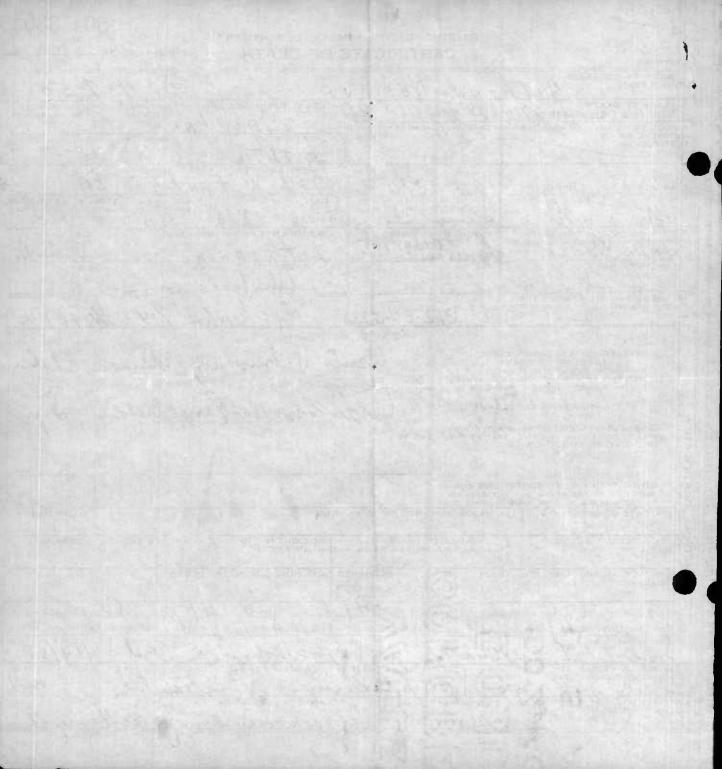
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased | ved. If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF 14 not in hospital or institution, give street address or location ! C. CITY OR TOWN If outside corporate limits, write RURAL and give INSTITUTION township) THE HODVING HUCKSTA Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years II Under 24 Hours last birthday) Months: Days Hours Min. TOA. USUAL OCCUPATION (Give kind of IOB, KIND OF BUSINESS OR IV. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life even if retired) WHAT COUNTRY Home Wif 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 MAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. no INTERVAL BETWEEN CAUSE OF DEATH 0. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especia 22. I hereby certify that I attended the deceased from 4 , 19 10, that I last saw the 1950, and that death occurred at deceased alive on 1 In., from the causes and on the date stated above, 23A. SIGNATURE 23B ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION REMOVAL (Specify) CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150

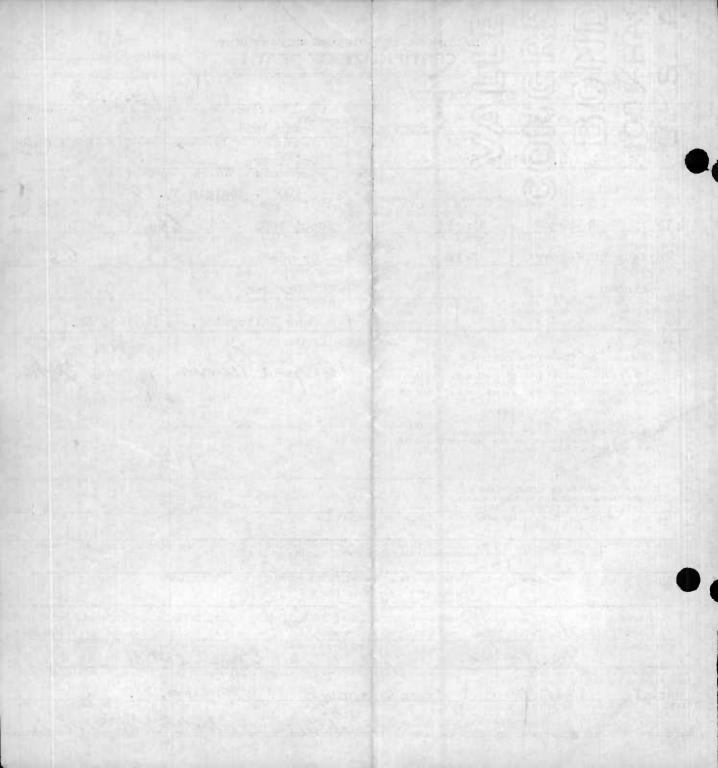
important. Physicians: please write the causes of death clearly and legin-

correct age 1s especia

BALTIMORE CITY HEALTH DEPARTMENT

50 3393

CERTIFICATE OF DEATH Registered No.						3373		
1	1. NAME OF DECEASED (Type or Print) MIKE KOSTAREL					2. DATE OF DEATH Apr.10,1950		
3 A	3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE B. COUNTY before admission				
H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)							
	400 N. Bouldin St				Baltimore 26-10 town			
		la land		Yrs. Mos.	D. STREET ADDRESS (- //.		
	. Length of st	tay in Baltimore		Days	400 N. Bouldin St. 24			
1	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Ale White Single			About 1890	9. AGE (In years if Und last birthday) Month	er l Year It Under 24 Rours Hours Min.		
10	DA. USUAL OC	CUPATION (Give kind of f working life, even if retired)	10B. KINI	D OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country 12	CITIZEN OF	
WOI	-	ant Keeper	Se	INDUSTRY	Greece		WHAT COUNTRY?	
1:	3. FATHER'S N	IAME			14. MOTHER'S MAIDEN NAME			
	Unknov	vn			Unknown			
1: (Y	5. WAS DECEASE	D EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS	
	No	(SECURITY NO.	John Koliopu	los,946 Hollins	St.	
	18. 42	0.7.		CAUSE	OF DEATH			
1	1	E OR CONDITION	DIRECTLY		0 - ()	4	ONSET AND DEATH	
	LEADING TO DEATH (This does not mean the mode of dying, e. g., (A)					3wks		
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO							
	ANTECEDENT CAUSES							
Z								
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
)								
ᄩ	(c)							
CER	TRIBUTING	IGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELAT	ED				
L	19A. DATE O	F OPERATION	9в. MAJOF	FINDINGS OF OPER	ATION		20. AUTOPSY?	
IN							YES NO	
EDICA	21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or about bome, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?							
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?					RY OCCUR?			
m. WHILE AT NOT WHILE								
				apr 1950, to	1 Cepr, 1950,	hat I last saw the		
deceased alive on // 1950. and that death occurred at #m., from the causes and on the 23A. SIGNATURE 23B. ADDRESS								
					witte St 31	23c. DATE SIGNED		
2	4A. BURIAL, CON, REMOVAL (S	REMA- 24B. DATE		24c. NAME of CEMETE	RY OR CREMATORY 24D.	LOCATION (City, town, or	eounty) (State)	
11	Burial	4/12/5	0	Greek Commu	nity/.	Moodlawn, Md.	,	
D	ATE RECEIVED	BAR REGISTRAR		URE	25. AND RAL DIRECTO		DONESS H	
A	acres 12 1320 1							
1	VS 150			15671		9	43	
				, , ,				



100	SID CERTIFICATE CORRECTED 9-28-50 50 3394						
	50 3394 BALTIMORE CITY HE	EALIH DEPARTMENT					
	BIRTH NO.						
	1. NAME OF DECEASED (Type or Print) Issac Winston Thompson	2. DATE OF DEATH 3-28-50					
	3. PLACE OF DEATH: A. Baltimore City, Maryland	A. STATE Balto. City Hospitals A. STATE Balto. City Hospitals					
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)						
	INSTITUTION Baltimore City Hospitals	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
	Yrs.	D. STREET ADDRESS (If rural, give location)					
10	c. Length of stay in Baltimore 24 Irs. Days	4940 Eastern Avenue tx					
and	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	9. AGE (In years of bloder 1 Year of bloder 24 Hours of bloder 24 Hour					
1	10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF					
212	work done during most of working life, even if retired) INDUSTRY	Central America WHAT COUNTRY					
113	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
201	James Thompson	Johanna Myvet					
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO	17. INFORMANT ADDRESS JOLIO					
2	(166, no or unknown) (11 yes, give war or dates of service) SECURITY NO.	Records* Balto. Cit, Hospitals Eastern Av					
	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, heart failure, asthenia, etc. It means the disease,						
	ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	over					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	estatic Hypertrophy with Urinary Retention					
	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	20.10.01311					
	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., e	or 21c. WHERE DID (If in Baltimore City, give exact location)					
4	Z CAUSE OF DEATH						
21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK							
4	22. I hereby certify that I attended the deceased from 1-29, 1946 to 3-28, 1950, that I last saw th						
4		red at 2:40 m, from the causes and on the date stated above					
2	23A. SIGNATURE 2	3B. ADDRESS 23c. DATE SIGNED					
	M. Joyen M.D.	4-10-50					
3	24A. BURIAL, CREMA- TION, REMOVAL (Specify) 4/17/50 24C. NAME OF CEMETE 4/17/50 SACRED	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)					
	DATE RECEIVED BY REGISTRAR'S SIGNATURE APR 13 1950	25. FUNERAL DIRECTOR ADDRESS 13/8/ ADDRESS					
	VS 150	139 N 892c					

Letter in document file 50-3394-5/4/50

VS 150

ADDRESS

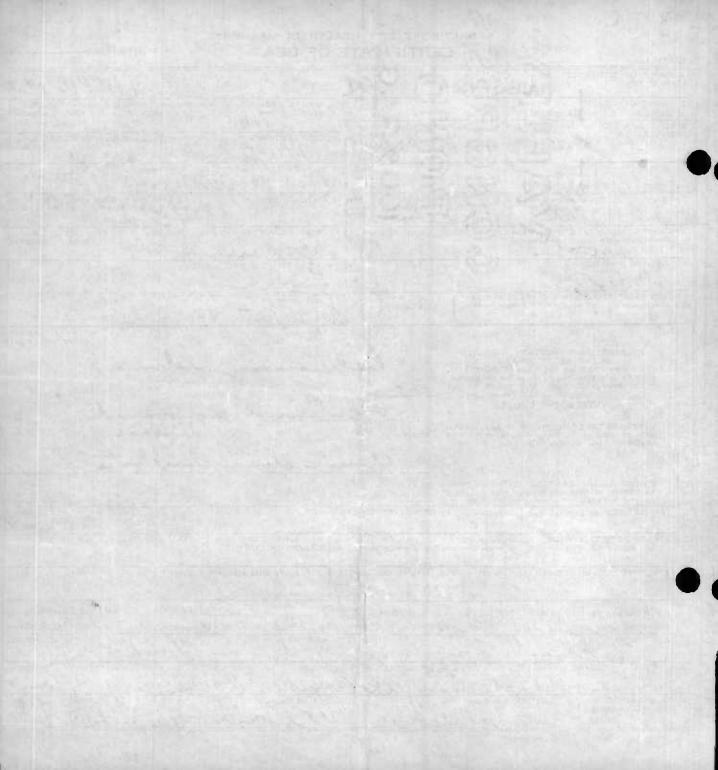
before admission)

Hours : Min.

WHAT COUNTRY

20. AUTOPSY

23c. DATE SIGNED



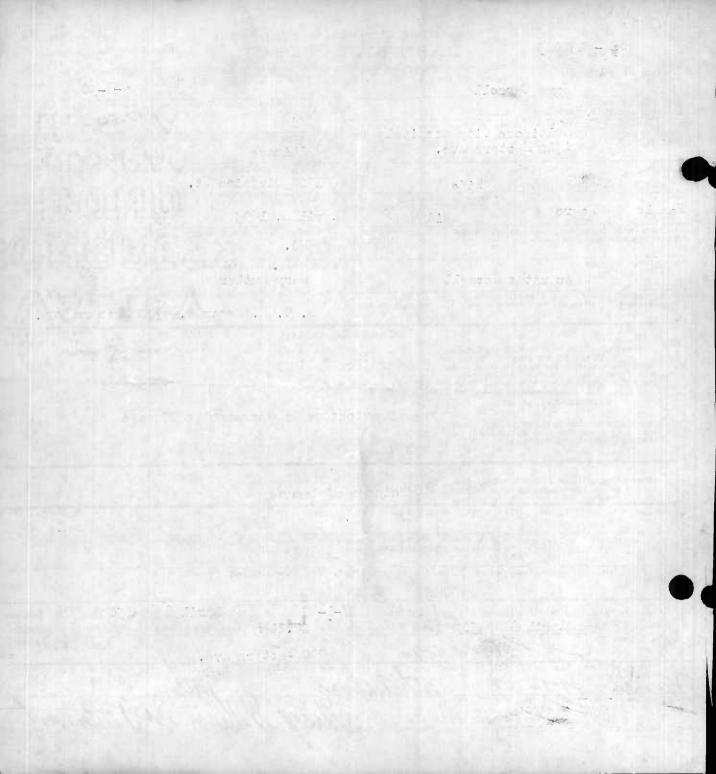
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE FAMUEL OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY R TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS . If rury, give logation) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH AGE (in years) If (inder 1 Year H Under 24 Hours DOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. caowee 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 11. BIRTHELACE (State or foreign country) 12. CITIZEN OF work donoduring most (working life, even if retired) INDUSTRY WHAT COUNTRY? allor ussen 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Moeon 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. CAUSE OF DEATH 18. DUE TO My acardial Failure DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ulard DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ш OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE 22. I hereby certify that I attended the deceased from Lyt 2/. 1946, to Quil 11 , 1950 that I last saw the deceased alive on 1950, and that death occurred at 3 / _m., from the causes and on the date stated above. Lew Cli Kolven 23B. ADDRESS 23c. DATE SIGNED 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24B. DATE TION, REMOVAL (Specify) 12/5 Herring Bureas ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR 2100 VS 150

3 los fort Holy It least was underlying deserve tech goor rise to myrene on failure and termine aut cardia delatation Letter in document file 50-3396-6/26/50.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

SO 3397

В	IRTH NO.			CERTIFICAT	E OF DEATH	g.secreu	110.				
	NAME OF Carpe or Print)	Emma Car	roll			2. DATE OF DEATH	8-50				
B. HC	PLACE OF D Baltimore (FULL NAME OSPITAL OR ISTITUTION	City, Maryland OF (If not in hospit	al or instituti	ion, give street address or HCSpital focation)	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission c. CITY OR TOWN (If outside corporate limits, write RURAL and control of the component of						
-	1	4940 Eas	tern Av	Yrs.	Baltimore D. STREET ADDRESS (If	rural, give location)	2 township)				
	Length of s	tay in Baltimore	Life	Mos. Days MARRIED.	1502 Division	St. 9. AGE (In years)					
F	emale	Negro	WIDOW	ED, DIVORCED (Specify)	April 6, 1895	If Under 1 Year If Under 24 Hours In Under 24 Hours Min.					
worl	A. USUAL OC k done during most	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	address Add				
	FATHER'S	Augustus		1	14. MOTHER'S MAIDEN N. Mary Butler	AME					
15 (Yes	. WAS DECEASI	ED EVER IN U. S. ARMED (If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT B. C. H. Reco	rās, 4940 Es	ADDRESS Astern Ave.				
FICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) Cardiac Failure DUE TO (B) Hypertensive Cardiovascular Disease DUE TO (C)										
CERTI	OTHER S TRIBUTING TO THE O										
AL											
1EDIC											
2	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK										
	22. I hereby certify that I attended the deceased from 7-1-49, 19, to April 8, 1950, to deceased alive on April 8, 1950, and that death occurred at 12.20AM, from the causes and on the 23A. SIGNATURE 23B. ADDRESS										
6	A. BURIAL.	D BY REGISTRAR'S	S SIGNATU	4c. NAME OF CEMETE	4940 Eastern Av.	OCATION (City, town	ADDRESS				
	VS 150		C.				46E				



correct age is especially

LOCAL REGISTRAR

VS 150

important.

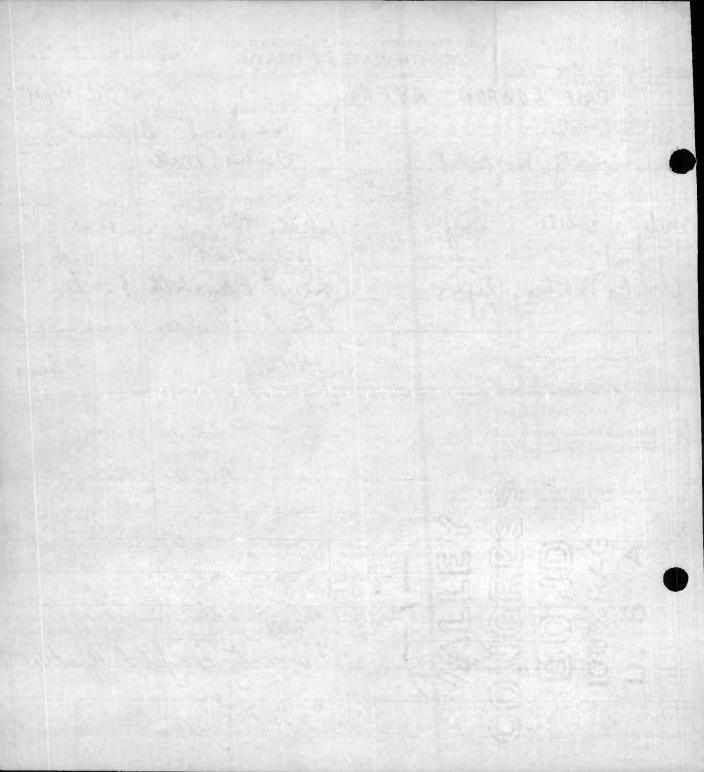
46B

Dec Dommert File 50-3398 El construction of the con July: Was the "cance of stormach" intended to be in I other significant condition - etce as white death within it or one or other to be on Section. E of I? also please state which of two was, in your genion, the prime caused could

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3399

BI	RTH NO. 7	0 - 0	4076							
1. (T	NAME OF ype or Print)	DAL	D _	WARD	AYERS		2. DATE OF DEATH	APRIL	10,	450
3.	PLACE OF Baltimore	City, Ma	arvland			4. USUAL RESIDENCE	CE (Where deceased		ion : resid before ad	
В.	FULL NAME	E OF (I		tal or institutio	n, give street address or location)		land	Baltim	NP 5	200
	STITUTION		+ 11	- Lit.	1	c. CITY OR TOWN	(It onside corpor	rate limits, write	to	and give
	un	werse	M V	espera	Yrs.	D. STREET ADDRESS	(If rural, give loc	ation)	A C-27	WILLS
c.	Length of	stay in I	Baltimore	•	Mos. Days				, , , , , , , , , , , , , , , , , , ,	k,
5.	SEX	6.COLO	R OR RACE	7. SINGLE.	MARRIED.	8. DATE OF BIRTH	9. AGE (In last birth	years If Under FYe		fer 24 flours
Y	nab	w	htti	Sin	44	Feb 18, 149	0	1 2	0	
worl	done during mos	to working li	ON (Give kind of fe, even if retired)	10B. KIND	DF BUSINESS OR INDUSTRY	Manual Wandle	and grountry	WI	TIZEN C	IF UNTRY?
13	4.121	NAME	4.	a		14. MOTHER'S MAID	ENNAME	1 -	1	
	Marle	in M	arten	ayes	7	Hanel L.	les abell	tus	her	
15 (Yes	, WAS DECEA	SED EVER	N U. S. ARME give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Op 1	ADDRES	S	
	di	1				le hast	C. Aykea	Ourage.	mill	a Had
	18. 00	-3 4	1		CAUSE	OF DEATH	0		SET AND	
		LEADII	CONDITION NG TO DEA	TH		Letticenia.		,	10/10	710
	heart fai	lure, asther	nia, etc. It mes	of dying, e.g. ans the disease		arju. andn				-70
	injury c			caused death.	DUE TO	U		TOSIL		
z		ANTECE	EDENT CAU	SES	(B)					
9	RISE TO	THE ABOV	E CAUSE (A)	F ANY, GIVING	DUE TO		CERTIFICATI	ON APPROVE	D BY	
CA	UNDER	LYING CO	NDITION L	AST.			0 1 1	2011	_	
TIFI			11		(C)		The Inc	Classer	M. D.	
ERTI				ITIONS CON			CHAP OR ASS	r. MEDICAL EXPINI	FR.	
บิ		DISEASE C	R CONDITIO	V CAUSING IT		RATION		2	O. AUTO	PSY?
AL			2						ES X	NO [
EDIC	21A. ACCIL				CE OF INJURY (e. g., rm, factory, etreet, office bldg.,			re City, give ext	act locati	on) -
Ā										
	10. TIME	(Month)	(Day) (Year) (Hour) 2	TE, INJURY OCCURR		NJURY OCCUR?			
					WORK AT WORK		01.11			
			y that I at		leeeased from	10 1950,	to your 10	_, 19. C, that		
	deceased			, 19 a	nd that death ofcu	23B. ADDRESS	rom the eauses a		DATE	
		Un	ome a	Am	lurg M. D.	Quiversit	4 Hoste	tal as	il!	195
2.	AA. BURIAL.	GREMA-	24B. DATE	2	4C. NAME OF CEMETE	ERY OR CREMATORY	D. LOCATION (C	ity, town, or far	nty)	(State)
	Quent	-	4/12/-	50 .	It marin	LOE FUNEDAL DIDEC	Hompoles	ADDF	PEC	
	ATE RECEIV		REGISTRAR	SSIGNATUR	11: 2.42 11 11	25. FUNERAL DIREC	and and	ADDI	1 4	11
4	DR 12		1 MARCH	11 1 A BY	manus III (Tank C. Lhe	neuell D.A.	3515-176 kg	released) Nove
	VS 150			4,000				And the same of th	-	



3400 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF ELIZA GREEN DEATH April 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland "If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore Mercy Hospital o. STREET ADDRESS (If rural, give location) Yrs. Mos. 1107 E. Lexington Street Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months Days Hours Min. 9. AGE (In years) WIDOWED, DIVORCED (Specify) Female Colored RTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 18. 4 43 X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BET NOT RELATED TO THE DISEASE OR CONDICION CAUSING IT 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY? DICA 21a. EXTERNAL CAUSE WAS PRIMARY NOR CONTRIBUTING CAUSE OF DEATH. 218. PLACE OF INJURY (e.g., ia or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE WORK

22. I certify that I took charge of the remains described above, held an .

thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes I, accident , suicide , homicide , undetermined . 238 CHIEF MEDICAL EXAMINER. 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER.

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

23A. SIGNATURE

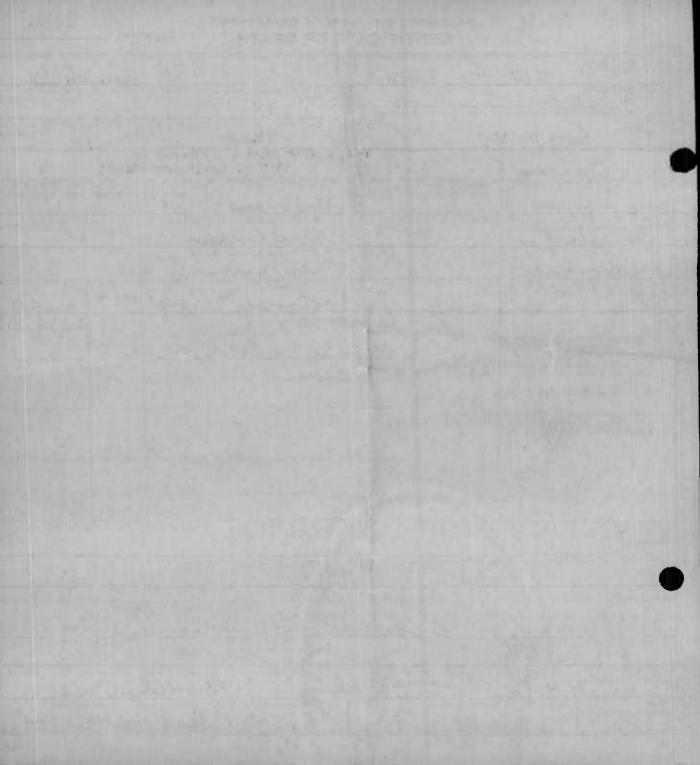
24c. NAME OF CEMETERY

MEDICAL INVESTIGATOR 240. LOCATION (City, town, or county)

RECEIVED BY LOCAL REGISTRAR

000

VS 151



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF April 9,1950 Mary Louise Ott 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION St. Joseph's Hospital Baltimore 5. LifeYrs. D. STREET ADDRESS (If rural, give location) Mos. 722 N. Linwood Ave. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) It Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Whi te Jan. 6, 1891 Female Married 10B. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF U.S. ork done during most of warking life, even if retired) Own Home Hwfe. Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rose Wolhen John Gray 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Christian W. Ott. 722 N. Linwood Avenue CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONrotic C.V. Disease TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION MEDICAL YES X 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 22. I hereby certify that I attended the deceased from April 1, 1950, to April 9, 1950, that I last saw the deceased alive on April 9, 19 50, and that death occurred at 7:15 Pm., from the causes and on the date stated above. 23B. ADDRESS 23A, SIGNATURE 23c. DATE SIGNED april 9,1950 1400 N. Caroline St. 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) North Ave. & Rose St. Balto. Md Apr. 13, 1950 | Baltimore Cemetery 25 SHAFRAL PREFINE ral Home, Inc. ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRARthutuston Williams, Mall 2601+3-5, E. Madison St. VS 150

198. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH

21E. INJURY OCCURRED

21D. TIME (Month) (Day) (Year) (Hour) WHILE AT

NOT WHILE

INJURY WORK

22. I hereby certify that I attended the deceased from much 97, 1933

2.1950 and that death occurred at 3 deceased alive on 23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

MPW 13, 1450 Rura

DATE RECEIVED BY

LOCAL REGISTRAR

25. FUNERAL DIRECTOR

2 Ic. WHERE DID

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

(If in Baltimore City, give exact location)

Cerul 1 19 5 that I last saw the

Am., from the causes and on the date stated above.

20. AUTOPSY

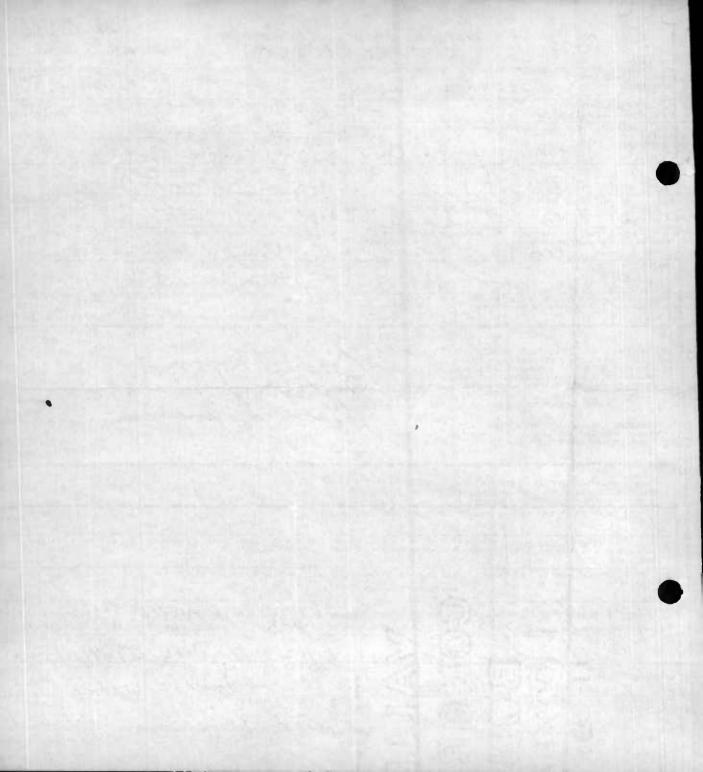
23c. DATE SIGNED

(State)

YES

VS 150

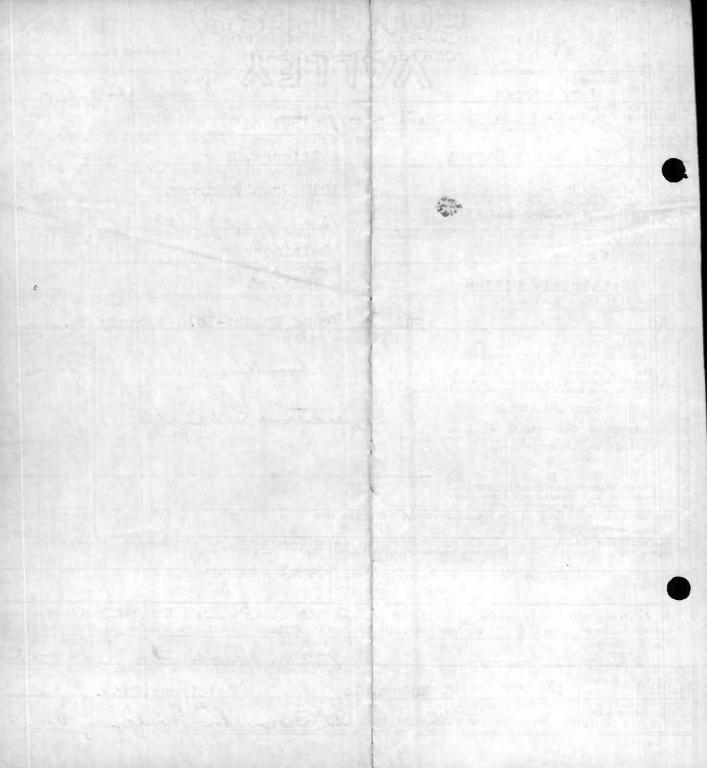
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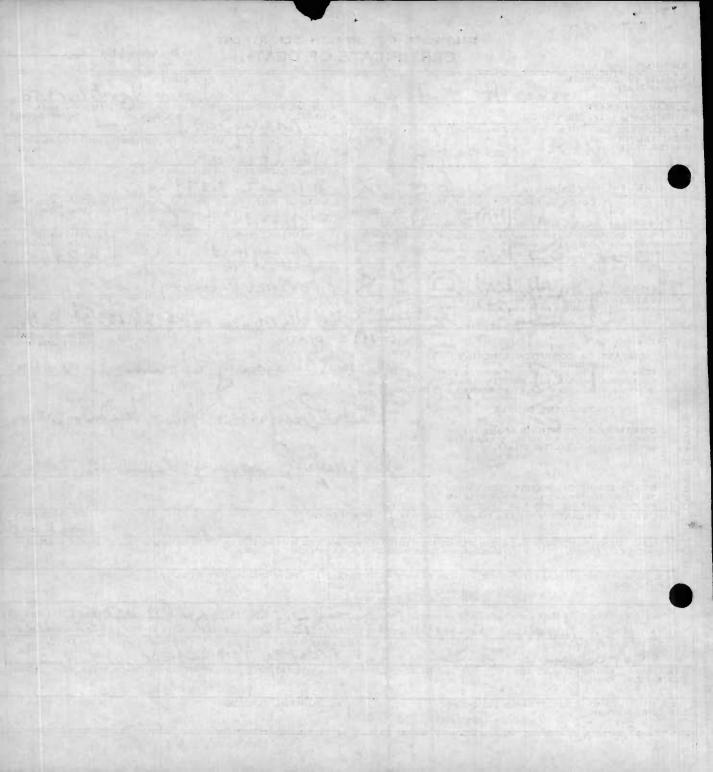


50 3403 ва		EALTH DEPARTMENT	3403				
BIRTH NO.	CERTIFICATI	E OF DEATH Registered No					
1. NAME OF DECEASED		2. DATE					
(Type or Print) Mary Brooks		DEATH Apri 4. USUAL RESIDENCE (Where deceased lived. If inst	1-8.50				
a. Baltimore City, Maryland Baltin	more, City	4. USUAL RESIDENCE (Where deceased lived, If inst A. STATE B. COUNTY	itution ? residence before admission)				
B. FULL NAME OF (If not in hospital or institut	tion, give street address or	Maryland					
HOSPITAL OR INSTITUTION	location)	C. CITY OR TOWN (If outside corporate limits, w.	rite RURAL and give				
1015 Granby Street		Baltimore, City	7				
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)					
c. Length of stay in Baltimore 5. SEX 6. COLOR OF RACE 7. SINGLE	Days	1015 Granby Street	r 1 Year If Under 24 Hours				
- WIDOV	DIVORCED (Specify)	(n last birthday) Months					
	W	4/15/1887 63	GITIZEN: OF				
work done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY		CITIZEN OF WHAT COUNTRY?				
Housewife		Baltimore					
		14. MOTHER'S MAIDEN NAME					
Nathaniel wn Miller		Unknown					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDR	RESS				
No No	None	Frank Wright-1615 Granby					
18. 443 X	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY		1	9 1				
(This does not mean the mode of dying, e.	g., (A)	Apoplefy	3 wes				
heart failure, asthenia, etc. It means the disea injury or complication which caused deat	h.) DUE TO	1/					
ANTECEDENT CAUSES	/	1 2 11 1					
DISEASES OR CONDITIONS, IF ANY, GIVE	(B)	restruction C.V. D.					
RISE TO THE ABOVE CAUSE (A) STATING T			77-12-2				
ONDERLYING CONDITION EAST.							
DISEASES OR CONDITIONS, IF ANY, GIVI RISE TO THE ABOVE CAUSE (A) STATING T UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELAT	(C)						
OTHER SIGNIFICANT CONDITIONS CO							
O TO THE DISEASE OR CONDITION CAUSING	IT						
19a. DATE OF OPERATION 19B. MAJOR	R FINDINGS OF OPER	RATION	20. AUTOPSY?				
2 21A. ACCIDENT, SUICIDE, 21B. PL	ACE OF INJURY (e.g., i	in or 21C. WHERE DID (If in Baltimore City, give	exact location)				
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home,	farm, factory, street, office bldg.,						
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?					
of INJURY	WHILE AT NOT WHILE						
m. WORK AT WORK							
22. I hereby certify that I attended the deceased from 3-6, 1950 to 4-6, 1950 that I last saw deceased alive on 4-6, 1950 and that death occurred at 42 m., from the causes and on the date stated about							
deceased alive on 4-6, 19-3 9			ace stated above.				
1 1 1 1 1 1	м. р.	930 S. Hennes It	4-10-50				
24A. BURIAL, CREWAY 24B. PATE JION, REMOVAL (Specify)	24c. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town, or	county) (State)				
Burial 4/12/50	Mt Auburn Ct	t Baltimore, City.					
DATE DECEIVED BY I DECICEDAD'S SIGNAT			DDRESS				
LACAL REGISTINGO Line to	Williams, Mills	II Brown & do - monton	as Ut				
VC IEO	7778	The state of the s	J				
VS 150			93)				

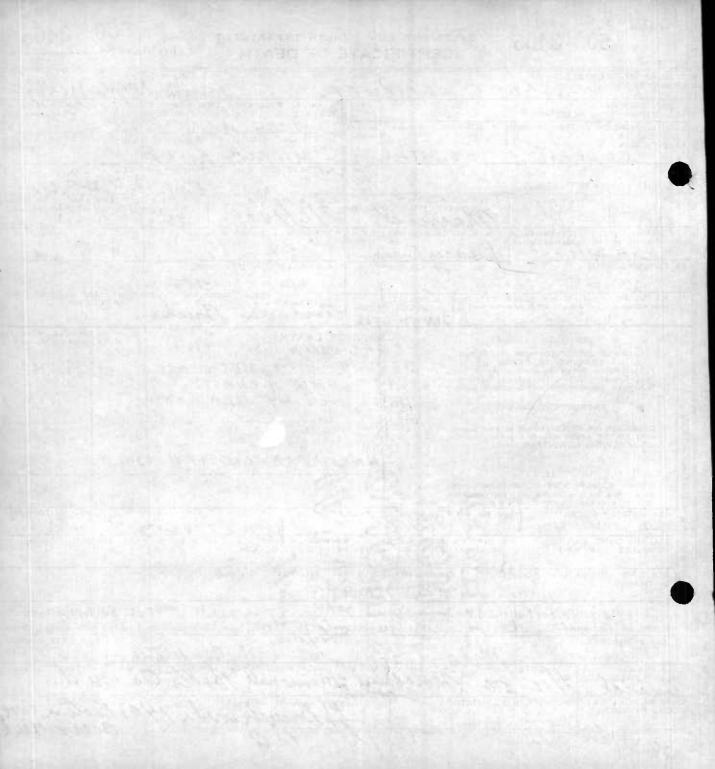
correct age is especially important. Intermediate

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11	3-6	26							50	
		50 3	405				ALTH DEPARTMENT OF DEATH	IT X Registere		3405
1	RTH NO.									
(T	NAME OF D	RO	BEI	RT	BRICH	(E)	R	2. DATE OF DEATH AP	MIL 1	1,1950
	Baltimore (and				4. USUAL RESIDENCE A. STATE	(Where deceased lived B. COUNTY		ion: residence before admission)
В.	FULL NAME			or institutio	n, give street addr	ress or	MARYLA	ND 120	lteron	
	STITUTION	we of	1 Median	LL		41.011	c. CITY OR TOWN	(If outside corporate l	imits, write	township)
7	1 0/	VIVERS	117	170	SPITAL	Yrs.	D. STREET ADDRESS	(If rural, give location)	/ W
C.	Length of s	stay in Balti	more			Mos. Days	Rox	121 B	IRD-	RD.
5.	SEX	6. COLOR O	RACE		MARRIED DO	Specify)	8. DATE OF BIRTH	9. AGE (In year last birthday)		ays Hours Min.
	A. USUAL OC			OB. KIND	OF BUSINESS C		11. BISTHPLACE (State of	or foreign country)		TIZEN OF
WOL	done during most	LESMA,	A li retired)	Dear	us Busis	SIRY	PA.		WI	HAT COUNTRY
13	FATHER'S	NAME		-	+	1943	14. MOTHER'S MAIDEN	NAME		
	JO:	HN BI	2106				MARY	C-IFF		
15 (Yes	S. WAS DECEAS a, no or naknown)	ED EVER IN U.	S. ARMED I	f service)	16. SOCIAL SECURITY I	. 14	iman da	Bricher	ADDRES	S
	18. 14	IX.					F DEATH	-144		TERVAL BETWEEN
	DISEA	SE OR CON				-	NOMA OF	THE		
	(This doe	LEADING 3 s not mean th ure, asthenia, e	e mode of	dying, e.g.,				TASTASES.		no.
		complication			DUE TO		UNG 4 CHE			
_		ANTECEDEN	IT CAUSE	s	POST	E	XCISIONY IRA	HIJIAILON		
ATION	RISE TD	S OR CONDITHE ABOVE CA	USE (A) S	TATING THE		***********				***************************************
FIC					CA	FRE	WOMA OF	THE TUN	IGUE	
F	OTHER	I.		IONG	_ (C1					
ER	TRIBUTIN	SIGNIFICANT G TD THE DEA DISEASE OR CI	TH, BUT N	OT RELATED						
O	19A. DATE	OF OPERATIO		B. MAJOR	FINDINGS OF		TION		2	O. AUTOPSY?
CAI	22 N		91		CINOMI		OF THE	TONGUE		ES ND
EDI	HOMICIDE	ENT. SUICIDE (Specify)	Ξ,	about home, far	m, factory, street, office	(e. g., in ebldg., et	or 21c. WHERE DID c.) INJURY OCCUR?	(If in Baltimore Ci	ty, give ext	ict locations)
M	21p. TIME	(Month) (Day	7) (Year) (Hour) 2	1E. INJURY OCC	CURRE	D 21F, HOW DID INJ	URY OCCUR?		
	OF INJURY			wı		WHILE				
	22 I havel	has contifue th	at I atta			WORK L	PRIL , 1950, to	11 APMLI	9 SOthat	I last saw the
	deceased a	live on APR	14 11	1950. a	nd that death	occuri	red at 10:45 Am., from	n the causes and c	n the date	e stated above
	23A. SIGNA	TURE	0	210 -0	11-1	23	BB. ADDRESS	11,541	23c.	DATE SIGNED
_	4A. BURIAL,	mend ac	TS.	med	COLON M.	_	University	Hornia	OWD. OF COUR	nty) (State)
		Sneify)	DATE		Horeson		memore /	Ballo 60	Mu	d.
6	ATE RECEIVE	D BY I REG	ISTRAR'S	SIGNATUR	FERM	real	OF FUNERAL DIRECTO			REAS C
L	OCAL REGIS	TRAR	,	11/5	. a Da		1 Bruch &	nehi 140	1 can	un cur
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11	APR's 158	1 les	0		298	6	3		45 B	
-	1 4 2					-			1 000	



10A. USUAL OCCUPATION (Give work done during most of working life, even if re Homwife

15. WAS DECEASED EVER IN U.S. A

13. FATHER'S NAME

(Yee, no or unknown)

ERTIFICATION

U

MEDICAL

5. SEX

female

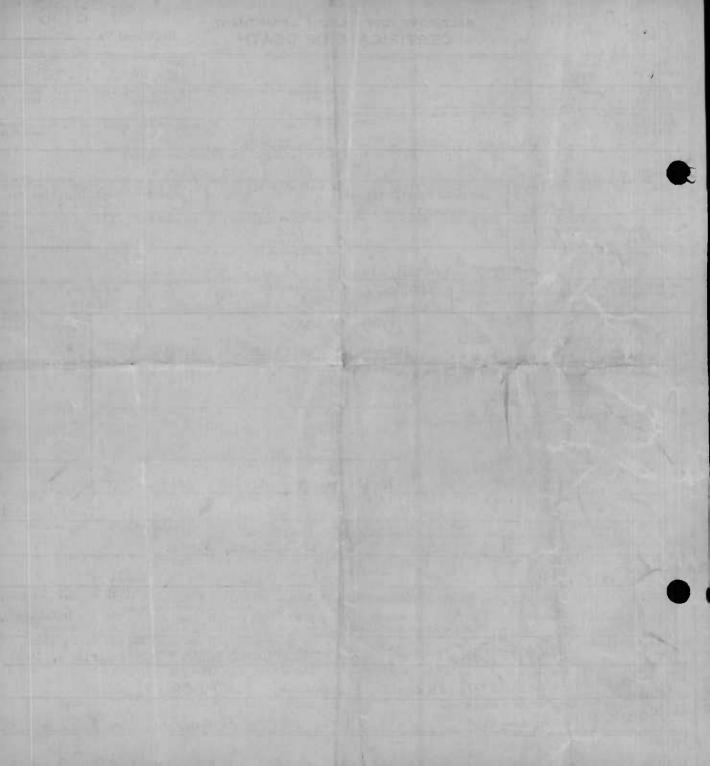
VI . / ~ ~	EALTH DEPARTMENT 5U 3406 Registered No
CERTIFICATI	E OF DEATH
NAME OF DECEASED VPe qr Print) ROSE BROWN	of DEATH April 7, 1950
PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (if not in hospital or institution, give street address or	A. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
SPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
South Baltimore General Hospital	Baltimore 2/-0/ township
Yrs.	D. STREET ADDRESS (If rural, give location)
ength of stay in Baltimore Days	1001 Ridgely Street
SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORÇED (Specify)	8. DATE OF BIRTH 9. AGE (in years of Under 1 year of Under 24 Hours Min. 14 Months Days Min. 15 Months Days
A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
done during most of working life, even if retired) INDUSTRY	WHAT COUNTRY
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harry Plant Ph. Olin	Maria Harris
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17 Weekland
no or unknown) (If yes, give war or dates of service) SECURITY NO.	Ernest Brown 1001 Ridg ders
18. Fany CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	ia due to carbon monoxide
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	poisoning
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE PUE TO UNDERLYING CONDITION LAST.	
(6)	
11	
OTHER SIGNIFICANT CONDITIONS CON-	d wounds of neck - self inflicted
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER	
ISA, BATE OF OFERATION	YES NO X
21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING about home, farm, factory, strest, office bldg., e CAUSE OF DEATH.	
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
April 7, 1950 ? m. WHILE AT NOT WHILE	2 Oven burner open but unlit
	bove, held an Inquiry & Inspection thereon and from
	Autopsy, Inspection or Inquiry inquiry, find that said deceased died on the day stated above \square , accident \square , suicide \square , homicide \square , undetermined \square .
23A. SIGNATURE DIAGO	238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED

25. FUNERAL DIRECTOR

espectany 22. I certify that I took the evidence obtained and death in my opin 23A. SIGNATURE M.D. MEDICAL INVESTIGATOR. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR LOCATION (City, town, or county) 248. DATE 240 121 Surin 108 W ADDRESS

DATE RECEIVED BY

LOCAL REGISTRAR



BALTIMORE CITY HEALTH DEPARTMENT 3407 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH (3. PLACE OF DEATH:
A. Baltimore City, Maryland | 8 14 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. STAT before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE AGE (In years If Under I Year last birthday) | Months: Days | Hours: Min. WINDOWED, DIVORCED (Specify) Marry 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2000 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL . INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES mos Brains DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 1950 important. Hall YES 218. PLACE OF INJURY (o. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! WHILE AT WORK AT WORK to april 17 , 19 that I last saw the 1950 uccu 12 22. I hereby certify that I attended the deceased from_ deceased alive on aprel 11, 1950, and that death occurred at 1250 can m., from the causes and on the date stated above. 23B, ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 4-1250 200000 2818 Starfor 24A. BURIAL, CREMA-24B, DATE LOCATION (City, town, or county) TION, REMOVAL (Specify) DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR 10 & levok 1701-03 h. Patterson Par tulie ton Milians, M. VS 150

malignant. Letter in document file 50-3407-5/4/50.

Edition of the section of the

B-625 50 3408

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3408

В	RTH NO.			OLIVIII	10/11	L OI DEMI				
1.	NAME OF D	ECEASED				2. [OF A			
		Carrie Ka	tz Berg	ren				EATH AL		11, 1950
3.	PLACE OF D	EATH: City, Maryland		. Md.		4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission				
	FULL NAME		et address or	3 f 7		12	AL	berore administrary		
H	OSPITAL OR		nloave		(If outsid	e corporate li	mits, wri	te RURAL and give		
III.		emple Gard	XXXXX	acBaltimore	2/2/	made	A elma	(and township)		
	Walter Date				Yrs.	D. STREET ADDRES	S (If rural,	give location)	2000	
6	Length of s	tay in Baltimore	30	yrs.	Mos. Days	Eutaw Pl.	(Temr	le Gar	dens	Apts.
	SEX	6. COLOR OR RACI	7. SINGLE	MARRIED		8. DATE OF BIRTH	19. A	GE (ln years	If Under 1	Year Il Under 24 Hours
	emale	White		EPOIVORO	CED (Specify)	Oct. 26,18	391 Ia	ist jehday)	Mogths .	Pres Hours Min.
		CUPATION (Give kind of working life, even if retire		OF BUSIN	ESS OR	11. BIRTHPLACE (St	ate or foreign	country)		CITIZEN OF
	Housewi		1		MEDOSTICI	Ohio				WHAT COUNTRY
13	FATHER'S					14. MOTHER'S MAIL	DEN NAME			
	Simon					Mary Rose	enstock			
15 (Ye	. WAS DECEASE	D EVER IN U. S. ARM (If yee, give war or da	ED FORCES?	16. SOCIA	RITY NO.	17. INFORMANT			W.D.F.	
	NO or nnknown)					Dr. Leitz	z. Temp	ole Gar	dens	Apt.
	18. 420	. /			CAUSE	OF DEATH				NTERVAL BETWEEN
	DISEAS	E OR CONDITION			200		10			
	heart failu	LEADING TO DE not mean the mode re, asthenia, etc. It m complication which	of dying, e. s eans the diseas	e,	my	readisk)	- Comment			month
	ANTECEDENT CAUSES									
z		ANTECEDENT CAT	JSES	(B)	Coros	car Chrom	loser		100	Lyears
RTIFICATION	RISE TO T	S OR CONDITIONS, THE ABOVE CAUSE (A VING CONDITION) STATING TI		0		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	********************		······
NO.					Coad	4. Bund.	veren	la des	det.	1 20
1		11		_ (C) .	C 47-67-0					6 7244
		IGNIFICANT CON								
H		TO THE DEATH, BU						4		
	19A. DATE C	F OPERATION	19B, MAJOR	FINDINGS	OF OPER	RATION				20. AUTOPSY?
4										YES NO
EDICA	HOMICIDE	NT, SUICIDE, (Specify)		ACE OF INJ				Baltimore Cit	y, give e	xact location)
Σ	21p. TIME	(Month) (Day) (Yea	r) (Hour)	21E. INJUR	Y OCCURR	ED 21F. HOW DID	INJURY OCC	UR?		
	OF INJURY	(, (,		WHILE AT	NOT WHILE					
			m.	WORK	AT WORK					
	22. I hereb	y certify that I a	ttended the	deceased j	rom a		to april			at I last saw the
		live on april	11, 1950,	and that d			from the ca	uses and or		ite stated above.
	23A. SIGNA	TURE	. 0		Z	3B. ADDRESS				C. DATE SIGNED
	M. D. I Jay Control of the Control o								kal12-50	
2 TI	24A. BURIAL, CREMA- 24B. DATE 29C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or tounty) (State) TION, REMOVAL (Specify)								unty) (State)	
	Burial	Apr.13	, 195d	Oheb	Shalo			more,	Md.	
	ATE RECEIVE		R'S SIGNATI	RE.		28. FUNERAL DIRE	CTOR		ADI	DRESS
DI	12 195	O" Thui	twater	Villian	-, MUM J	and brak	ceinto	1902	Eute	w Pl.

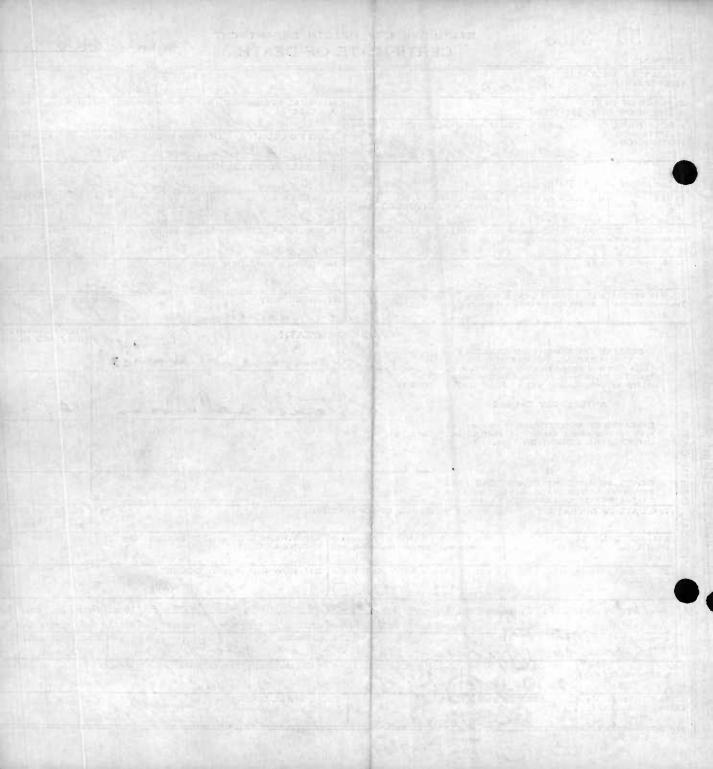
correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BALTIMORE CITY HEALTH DEPARTMENT

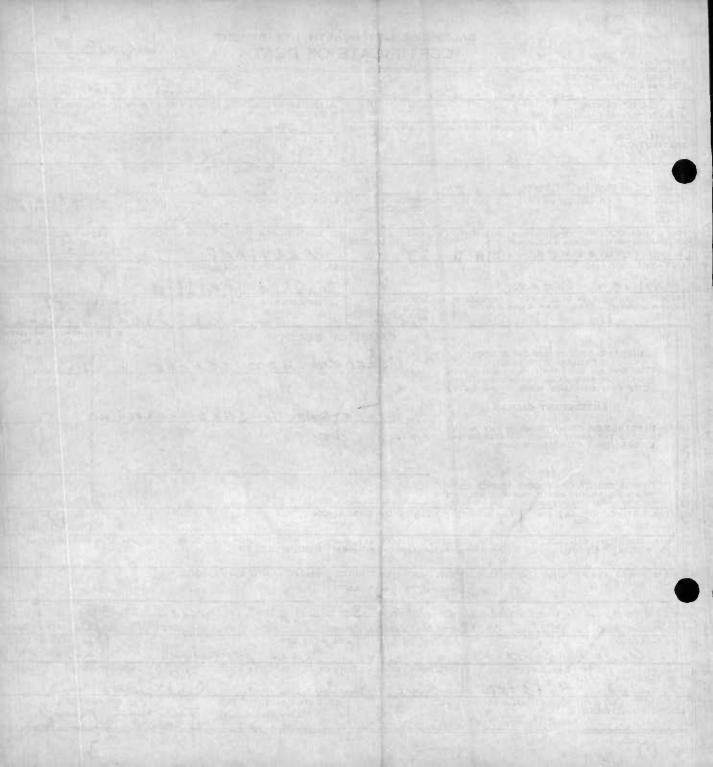
В	IRTH NO.	CERTIFICAT	E OF DEATH	Registered No	3409
1. (7	NAME OF DECEASED Richard	Benjami	in Hanley	2. DATE OF OPATH	19.1950
	. PLACE OF DEATH: . Baltimore City, Maryland		4. USUAL RESIDENCE	Where deceased lived. If in	stitution : residence before admission)
H	FULL NAME OF (If not in hospital or instit OSPITAL OR NSTITUTION	ution, give street address or location)		f outside corporate limits,	write RURAL and give
	0 . 2329 Khuly	And live.	o. STREET AOORESS (L)	foural, give location)	-04
l l	Length of stay in Baltimore	35yr. Mos. Days	2329 6	willow	are.
1		LE. MARRIED. OWED, DIVORCED (Specify)	B. DATE OF BIATH	9. AGE (In years 110)	nder i Year II Under 24 Hours the Days Hours Min.
10 wor	DA. USUAL OCCUPATION (Give kind of kdone during most of working life even if retired)	ND OF BUSINESS OR INDUSTRY	1. BIRTHPLACE (State or	foreign country) 1	2. CITIZEN OF WHAT COUNTRY?
	B. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	usa.
	5. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL	ella Ci	aw ford	- 07 3 2.0
) (Ye	(If yes, give war or dates of service)	SECURITY NO. 9	W. Isaac Ita	when low	Must ans.
	18. /J/X	CAUSE	OF DEATH	M.	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTL	(//	securous 0	Ameriles.	
	(This does not mean the mode of dying, e heartfailure, asthenia, etc. It means the dise injury or complication which caused des	ase.			-/-
- 11	ANTECEDENT CAUSES	a.	teris De	lan	244-
MOIL	DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.				···
CERTIFICA		(0)			
RT	OTHER SIGNIFICANT CONDITIONS C	ON-			
CE	TRIBUTING TO THE OEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING	IT		•••••	
AL	19a. OATE OF OPERATION 19B. MAJO	R FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. P about hom	LACE OF INJURY (e. g., i. e, farm, factory, street, office bldg.,		(If in Baltimore City, gi	ve exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	m. 22. I hereby certify that I attended th	WORK AT WORK	Dir /1 - , 1950, to	Ans 8 105	that I last saw the
adea .	deceased dive on 19	and that death occur	red at	he causes and on the	
3	23a. SIGNATURE	ees n m.o.	3B. ADDRESS	of L	23C, PATE SIGNED
2 71	ON REMOVAL (SPECITY) 4/02/1950	24c. NAME OF CEMETE	RYOR CREMATORY 240. I	LOCATION (City, town, o	r county) (State)
	ATE RECEIVED BY REGISTRAR'S SIGNA	TURE	25. FUNERAL OIRECTOR	acco, co.	BESSE
3	DD 12 1950	ton Williams 4	1631 Druis	Itill an	۷.
1	VS 150	grici	4 0	V The state of the	46B
		10 8 7			



-620 BALTIMORE CITY HEALTH DEPARTMENT 3410 Registered No 244 CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) -10-50 MARRIS DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or KIARY, ON HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION RIERCU ATTIMORE Yrs. p. STREET ADDRESS (If rural, give location) Mos c. Length of stay in Baltimore 61 BAKER Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours; Min. MAR. 4. 1916 SINGLE 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Demestic WORKER MARYIAND 14. MOTHER'S MAIDEN NAME MAID-STORE 13. FATHER'S NAME WILLAM HARRIS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. 4-16-3207 INTERVAL BETWEEN CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY CEREBRA LEADING TO DEATH HEMBERHAGE (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) MUPERTENSIVE CARDIO- ACCOUNT DISEASES OR CONDITIONS, IF ANY, GIVING des EASE RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A, ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21p. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 19 5° and that death occurred at \$45 Am from the 22. I hereby certify that I attended the deceased from 3-6 , 19 that I last saw the deceased alive on 4-10 Am., from the causes and on the date stated above. 23A. SIGNATURE 238. APDRESS 23c. DATE SIGNED 4-10-50 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) Burial DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Dolland VS 150

Physicians:

important.

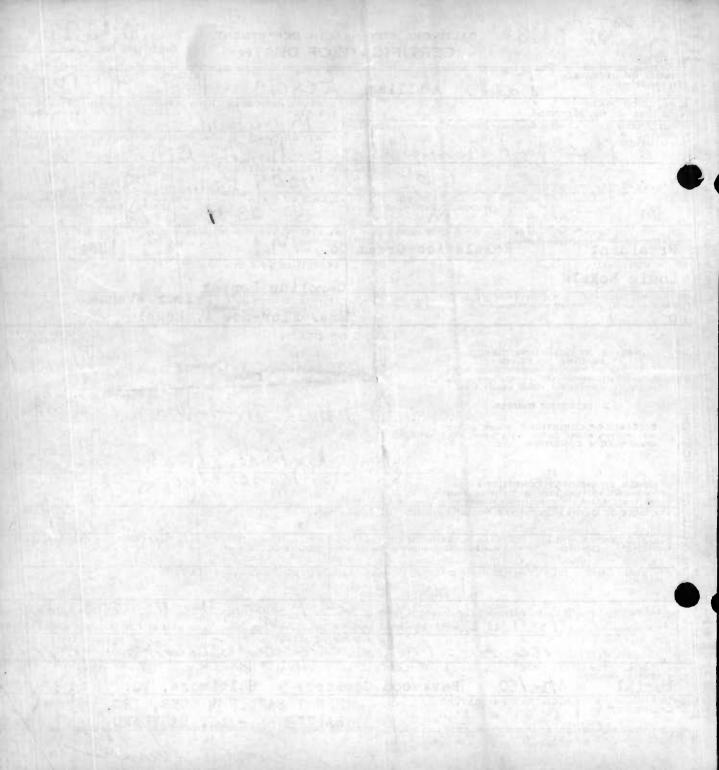


50 3411 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location C. CITY OR TOWN tlf outside corporate limits, write RURAL and give INSTITUTION 2810 Bernick Aux atownship) NORP (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore YWICK Davs 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years) H Under 1 Year last birthday) Months; Days Hours: Min. MARRICA 12. CITIZEN OF 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY OPTICA! SALESMAN 3. FATHER S NAME 14. MOTHER'S MAIDEN NAME Charles acyer

15. WAS DECEASED EVER IN U. S ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) ocrner Edericka 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY 2011 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING OUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION 21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT , and that death occurred at 3 m. for the 22. I hereby certify that I attended the deceased from Hely 2001/0195 Withat I last saw the deceased alive on agral 9 Im., from the causes and on the date stated above. . 19.50 23c. DATE SIGNED 23A. SIGNATURE BURIAL, CREMA-24B. DATE REMOVAL (Specify) REGISTRAR'S SIGNATURE FUNERAL DIRECTOR DDRESS DATE RECEIVED BY D 12 1950 AR VS 150

Dr. Benson 1 W. Overlow John Z. Schonnoff Control MARS VEND Solo Chaushaw The Maltinope AND CARRY THE STATE OF THE SECOND SECTION AND THE

50 3413 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY A STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION Imone Yrs. D. STREET ADDRESS (If rural, give location Mos. Selmar . Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years | It Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) TOA. USUAL OCCUPATION GIVE A BOOK OF WORK MOORE AND STREET OF WORK MOOR 11. BIRTHRLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF USA COUNTR Cream Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louis Eckels Caroline Lenzer 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no or unknown) (If yes, give wer or dates of service) 17. INFORMANT 4209 Belmar Avenuess 16. SOCIAL (Yes, no or unknown) SECURITY NO causes Mrs. Florence A. Eckels no INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (Specify) about home, farm, factory, street, office bldg., etc.) HOMICIDE INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F, HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE 1950 to 4 - 11 19 Othat I last saw the 22. I hereby certify that I attended the deceased from_ 4-11, 19, 50 and that death occurred at 33Am., from the eauses and on the date stated above. deceased alive on_ 234 SIGNATURE 23C. DATE SIGNED 24A. BURIAL CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or county) burial Parkwood Cemetery Baltimore, Md. DATE RECEIVED BY HENRY SANDEROR SONS, INC. ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR BALTIMORE - 13, MARYLAND Thurtington Villiams, M. under 83B



13-652

BALTIMORE CITY HEALTH DEPARTMENT

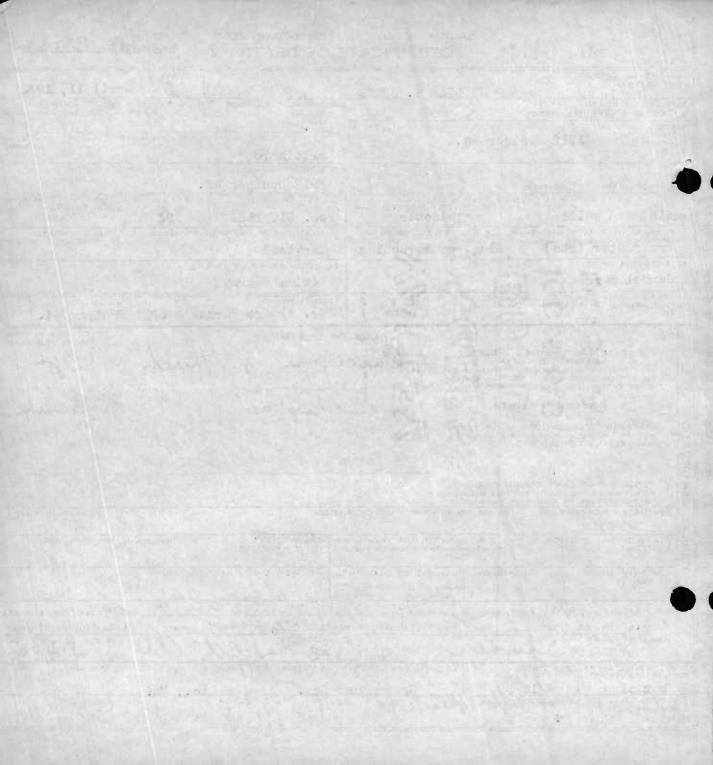
Registered No 3414

3414 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) April 11, 1950 WILLIAM S. BURNS DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE B. COUNTY A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give 3912 Juniper Rd. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 3912 Juniper Rd. Length of stay in Baltimore 6. COLOR OR RACE B DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years) WIDOWED, DIVORCED (Specify)
Widower last birthday) Months: Days Hours: Min. male white Dec. 31. 1855 94 IOA. USUAL OCCUPATION (Givekindof 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, eyes if retired)
Proprietor (rtd) Bldg. construction WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Burns Fatima Cockey 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Mr. Albert Burns 3912 Juniper Rd. INTERVAL BETWEEN CAUSE OF DEATH 18 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart fallure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUF TO (C) OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? none 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 218. PLACE OF INJURY (e.g., in or about home farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY Ily AT WORK . 1949 to apr 4 . 1950 that I last saw the 22. I hereby certify that I attended the deceased from . 3 1, 19 00, and that death occurred at 12 deceased alive on work m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B, DATE 4/13/50 butial Greenmount Cem. Balto. Md REGISTRAR'S SIGNATURE 25/FUNERAL DIRECTOR AODRESS DATE RECEIVED BY OGAL REGISTRAR

VS 150

Physicians:

important.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 3415 Registered No

BIRTH NO 1. NAME OF DECEASED (Type or Print)

INSTITUTION

Male

clearly

of

SASHA

OLEJNIKOW

2. DATE April 11, 1950

DEATH

A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR

A. STATE Russia

4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Mercy Hospital

-Length of stay in Baltimore 6. COLOR OR RACE 7. SINGLE, MARRIED

o. STREET ADDRESS (If rural, give location)

Yrs. Mos. Days

INDUSTRY

WIDOWED, DIVORCED (Specify) Dec. 26, 1948

8. DATE OF BIRTH 9. AGE (In years)

11. BIRTHPLACE (State or foreign country)

last birthday) Months: Days Hours Min. 12. CITIZEN OF WHAT COUNTRY?

If Under 24 Hours

work done during most of working life, even if retired 13. FATHER'S NAME

3. PLACE OF DEATH:

Viktor

10A. USUAL OCCUPATION (Give kind of)

Olejnikow

14. MOTHER'S MAIDEN NAME Raisa Olejnikow

17. INFORMANT

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war nr dates of service)

DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH (This does not mean the mode of dying, e.g.,

White

16. SOCIAL SECURITY NO

OUE TO

OUE TO

108, KIND OF BUSINESS OR

CAUSE OF DEATH

Congenital heart disease

Brethern Service Center, New Windsor, Md INTERVAL BETWEEN ONSET AND DEATH

heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING

11

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT.

198. MAJOR FINDINGS OF OPERATION

(If in Baltimore City, give exact location)

20. AUTOPSY?

thereon and from

21A. EXTERNAL CAUSE WAS
PRIMARY OR CONTRIBUTING | about home, farm, factory, atreet, office bldg., etc.)
CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour)

19A. DATE OF OPERATION

21E. INJURY OCCURRED WHILE AT

21F. HOW DID INJURY OCCUR? NOT WHILE AT WORK

Autopsy

238. CHIEF MEDICAL EXAMINER

21c. WHERE DID

INJURY OCCUR?

EDICA

especially

22. I certify that I took charge of the remains described above, held an . the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,

OF INJURY

and death in my opinion resulted from: natural causes [X accident], suicide], homicide], undetermined].

24A BURIAL, CREMA-TION, REMOVAL (Specify) DATE RECEIVED BY

WORK

24C.

MEDICAL INVESTIGATOR. 25. FUNERAL DIRECTOR

ASSISTANT MEDICAL EXAMINER NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county)

23c. DATE SIGNED

LOCAL REGISTRAR

24a. DATE

VS 151

Taken sick on the train and rushed to hospital. Was on the way to new Windsor, md.

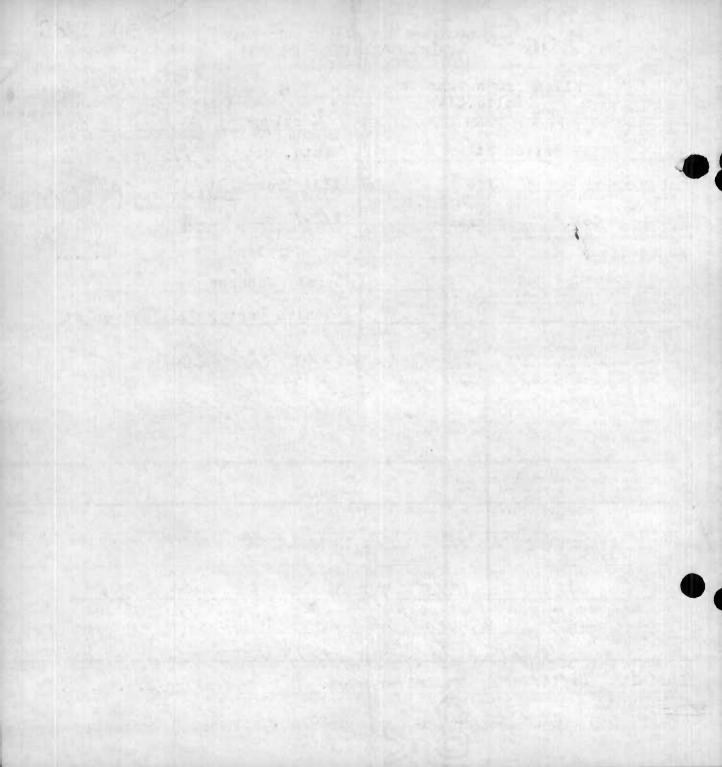
525 50 3416 BALTIMORE CITY HEALTH DEPARTMENT 50 3416 CERTIFICATE OF DEATH Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) 4/10/1950 Ellen Brown Johnson DEATH 3. PLACE OF DEATH: Balto.City 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Marvland HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION II3I Brisco St Bato. City Yrs. o. STREET ADDRESS (If rural, give location) Mos c. Length of stay in Baltimore Life Days II3I Brisco 6. COLOR OR RACE 7. SINGLE, MARRIED B. DATE OF BIRTH 9. AGE (in years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 9/19/1889 Married TOA. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife Maryland 14. MOTHER'S MAIDEN NAME Joseph Johnson Sarah Johnson 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Geniva Carter II3I Brisco St INTERVAL BETWEEN CAUSE OF DEATH / ONSET AND OEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death. DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO (C) .. RTIFIC OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from that I last saw the Am., from the causes and on the date stated above. deceased alive on Pland that death occurred at 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OF CREMATORY 24D LOCATION (City, town, or county) Burial (Specify 14/1950 Calvery Cem. Brooklyn a.a. CO. MD. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Elrov. O. Wilson 1000 Brantly Ave VS 150

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death

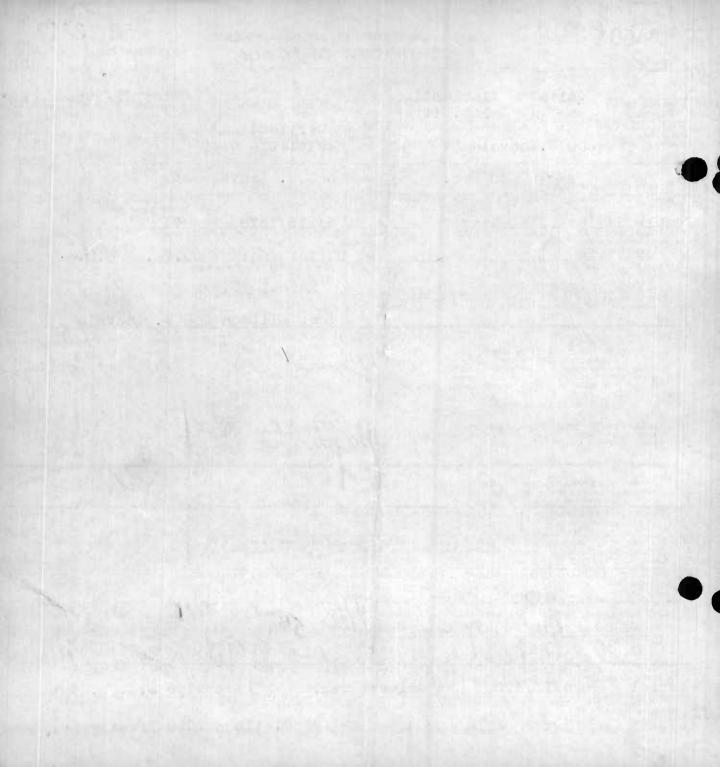
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

2	ВІ	CERTIFICATE OF DEATH Registered No.								
1	1. NAME OF DECEASED									
;	(T	'ype or Print)	Julia	Blackwell	OF DEATH 4 / TT / T950					
		PLACE OF DI	EATH: Sity, Maryland	Balto.City	4. USUAL RESIDENCE (4. USUAL RESIDENCE (Where deceased lived, If institution: residence				
dno	_	FULL NAME		ital or institution, give street address of	7.0	B. COUNTY	before admission)			
2	HO	SPITAL OR	600 W. Lan	location	Baltimore Ci	If outside corporate limits, v	vrite RURAL and give			
>-	() ()	000 11. 11.	ilvare 50		1-1-	O To township)			
		1		30 Yrs. Yrs. Mos.	5. STREET ADDRESS (If rural give location)					
le	-		tay in Baltimore	Days						
and	5.	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH		der I Yeer If Under 24 Hours has Days Hours Min.			
	Fe	male	Col.	Widow	5/ 15/1878	71				
clearly	wor!	10A. USUAL OCCUPATION (Givekind of vork dooe during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY								
		Housew	ife		Norththumbland Co. Va. U.S.A.					
death	13	. FATHER'S N			14. MOTHER'S MAIDEN	NAME				
		Lively	Diggs		Rachal Diggs					
of	15 (Ye	. WAS DECEASE o, no or unknown)	D EVER IN U. S. ARMI	ED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		RESS			
Ses		No			Inez Ellison 600 W. Lanvale St		le St			
causes		18. G 2 V CAUSE OF DEATH					INTERVAL BETWEEN			
the c		DISEASE OR CONDITION DIRECTLY					1 1			
		(This does not mean the mode of dying, e.g., (A)								
write		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO								
		ANTECEDENT CAUSES					V			
ase	Z	DISEASES OR CONDITIONS, IF ANY, GIVING								
ple	ATION	RISE TO TH	HE ABOVE CAUSE (A) STATING THE DUE TO	1. 1					
	CA	UNDERLY	***************************************							
Physicians: please	IFIC,									
r. Sic	RTI	OTHER SIGNIFICANT CONDITIONS CON-								
Phy	CE	TRIBUTING	TO THE DEATH, BUT SEASE OR CONDITIO	N CAUSING IT.						
4	L	19A. DATE O	F OPERATION	198. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?			
ant	CA						YES NO			
important.	$\bar{\Box}$	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., io or LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.) INJURY OCCUR?								
mp	ME	CAUSE OF DEATH								
		OF INJURY	RY OCCUR?							
a l				m. WHILE AT NOT WHILE AT WORK	4-11	11.				
especially		22. I hereby	22. I hereby certify that I attended the deceased from 4/10 395, to 110, that I last saw the							
esi		deceased alive on 1950, and that death occurred at 320 m., from the causes and on the date stated above.								
is		23A. SPENAT	49E/ (1) 1	0.110	23B ADDRESS	la to A	230 DATE STENED			
86 ×	2	AA BURAL C	LOCATION (SIX town or	county) (State)						
3 4	B	LION, REMOVAL (Specify)								
correct	-	Burial 4/13/1950 Mt/ Calvery Cem. Brooklyn A.A.CO.Md								
COL	L	LOCAL REGISTRAR								
	4	PR 12 19	50 Huntung	ton / Villiance Miss	Elroy O. Wilson	1000 Brantl	y Ave			
1		VS 150	0		0 4 1 2		10 -			



CURRECTED 4-12-50 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Om Julian Galedge (Lillian J. Arledge.) OF 4-10-50 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY. before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give Midland Yrs. D. STREET ADDRESS (If rural, give location) Mos. 1 mo. 4 days 1908 W. Texas c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years | # Under 1 Year | # Under 24 Hours last birthday) | Months Days | Hours Min. WIDOWED, DIVORCED (Specify) DIYORCED Feb. 11, 1902 10A. USUAL OCCUPATION (Givekinder) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY Oil Industry U.S.A. Clerk 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John A. McCurry Mary L. Cullen 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or nokoowo) (If yes, give war or dates of service) 64-24-5696 Mrs. Mae S. Bobb. 3700 Edmondson Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., Lver heart failure, asthenia, etc. It means the disease. lnjury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY MIIH KITE AINLY, WITE is especially important. 218. PLACE OF INJURY (e. g., io or (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21p. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT 3 - 9 1950 to 4-10, 1950 that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 4 . 19 , 1950, and that death occurred at 3 Am., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 230 DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, Jown, or county) 24B. DATE SE burial apr. 12, 1950 Pikesville, Md. St. Charles Cem. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL, DIRECTOR ADDRESS LOCAL REGISTRAR EMM Lemmon, 4611 Fark Heights Ave.

DELINATED VIKINIA VED MONTONIO erusuka sasahan sakas American Delicas

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR FOWN If outside corporate limits, write RURAL and give INSTITUTION DEAL HOPKIAG umon D. STREET ADDRESS (1974 al, give location) Yrs. Mos. 20 200 c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years) If Under 1 Year 6. COLOR OR RACE B. DATE OF BIRTH last hirthday) Months: Days Hours: Min. N 6 104. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY dabour 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unningliand 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or opt nown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS 17. INFORMANT (Yes, no or optnown) SECURITY NO. JOHNS ROPKINS HOSPIAL INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) Massive pulmonary em bolus 10d +

Surin

(B) Rhenmatic heart disease Zyrs

UE TO E Mitval Stenosis LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION YES important. 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., in or ā about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (Specify) HOMICIDE 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE AT WORK 1900, and that death occurred at 800 on. from the , 1950, that I last saw the 22. I hereby certify that Lattended the deceased from 4 on., from the causes and on the date stated above. deceased alive on_ 23c. DATE SIGNED 23A. SIGNATURE ogens 24C. NAME OF CEMETERY OR, CREMATORY 24D. LOCATION (City, town, or county) (State) 24A. BURIAL, CREVA-TION REMOVAL (Specify) demoval ADDRESS/ 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Mutuator Villams, M

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BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) APRIL 14,1950 Wil SON DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B, COUNTY before admission) (If not in hospital or institution, give street address or Dallo B. FULL NAME OF (If outside corporate limits, write RURAL and give C. CITY OR TOWN WECKEST SANATARIUM INSTITUTION Drightside Station D. STREET ADDRESS (If rural, give location) X180 Mos. 13119/15/de Ma. c. Length of stay in Baltimore Days 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 9. AGE (In years | M Under 1 Year | H Under 24 Hours last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) Single 864 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR Handy man me 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yee, give war or dates of service) 16. SOCIAL SECURITY NO. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from April 3, 1950, to Aprillia, 1950, that I last saw the deceased alive on April 11, 1950, and that death occurred at 10.45 Pm., from the causes and on the date stated above, 23A. SIGNATURE 238, ADDRESS 23c. DATE SIGNED 030 W. Famille 24A. BURIAL, CREMA-24C. NAME OF CEMETERY TION, REMOVAL (Specify) REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR DATE RECEIVED BY ADDRESS LOCAL REGISTRAR

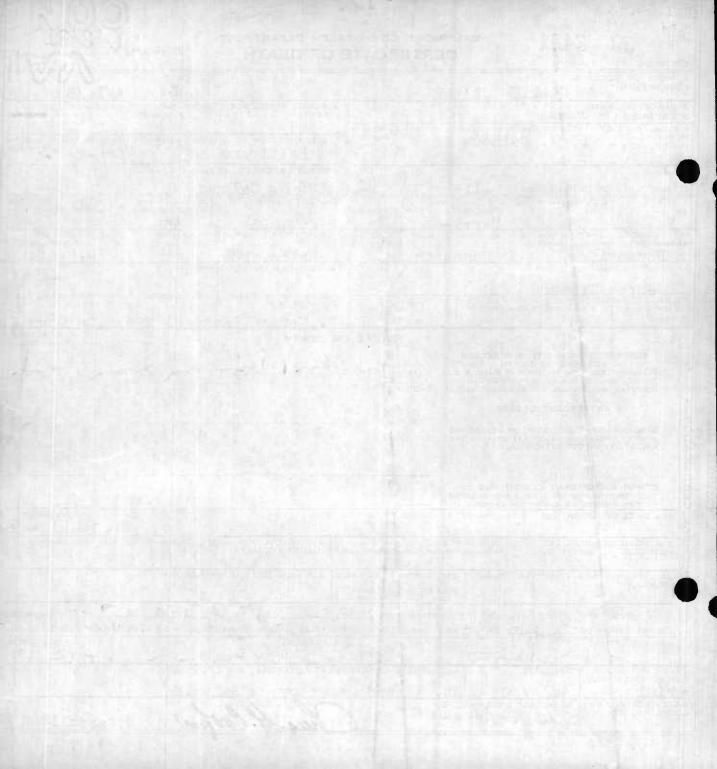
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L-500 BALTIMORE CITY HEALTH DEPARTMENT 50 3421 CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH GOLDIE LAYNE 4. USUAL RESIDENCE (Where deceased lived, 1f institution; residence 3. PLACE OF DEATH: B. COUNTY before admission) A. STATE A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give 225 N. Calhoun St c. CITY OR TOWN Baltimore p. STREET ADDRESS (If rural, give location) Yrs. Mos c. Length of stay in Baltimore Life 225 N. Calhoun St Dava AGE (In years | H Under | Year | H Under 24 Hours last birthday) | Months: Days | Hours | Min. If Under 24 Hours 8. DATE OF BIRTH 9. AGE (In years) 6. COLOR OR RACE | 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 2/26/1895 Married 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Balto. Md 14. MOTHER'S MAIDEN NAME U.S.A. Housewife Domestic 13. FATHER'S NAME George Trower 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. 225 N. Calhoun W. Herman Layne (H) None INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. INJURY OCCURRED OF INJURY NOT WHILE! WORK AT WORK , 19 do W 19 . 19 . that I last saw the 22. I hereby certify that I attended the deceased from 19 and that death occurred at ______m., from the causes and on the date stated above. deceased alive on 23c. DATE SIGNED 23B. ADDRESS 23A. SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE Burial Balto.Md Mt. Auburn Cemetery DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR 512 N. Carrollton A DRVS 180 BB

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BALTIMORE CITY HEALTH DEPARTMENT 3423 Registered N CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. OATE (Type or Print) 12 APRIL 1950 SHIPLEY EMMA KATHERINE OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived/Af institution presidence A. Baltimore City, Maryland A. STATE B. COUNTY (proper admission) BALTIMORE B. FULL NAME OF (If not in hospital or institution, give street address or MARYLAND HOSPITAL OR location' CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION NION MEMORIAL HOSPITAL township) WESTMINSTER Yrs. p. STREET AOORESS (If rural, give location) Mos. c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OF RACE 9. AGE (In years | If Under 1 Year | H Under 24 Hours | Months Days | Hours | Min. 7. SINGLE, MARRIEO, WIDOWED, DIVORCED (Specify) 8. OATE OF BIRTH clearly 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY INOUSTRY PENNSYCUANIA HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME AMENA PHINEHART GEINAN OHN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown)! (If yes, give wer or dates of service) of 16. SOCIAL 17 INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. SAME DIA HUSBAND INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH EREBRO-VASCULAR ACCIDENT (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES TENERALIZED HRIER IOSCUROSI Physicians: please DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINOINGS OF OPERATION 20. AUTOPSY? important. NO 1ª (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID HOMICIDE about home, ferm, factory, street, office bldg., etc.) INJURY OCCUR? (Specify) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! 1950, to APRIL 12, 1950, that I last saw the 22. I hereby certify that I attended the deceased from APRIL deceased alive on APRIL 12 1950 and that death occurred at 3 p.m., from the causes and on the date stated above 23B. ADDRESS 23A SIGNATURE 23c. DATE SIGNED ichan 24b. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION_REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY 25. FUNERAL DIRECTOR OATE RECEIVED BY AOORESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR

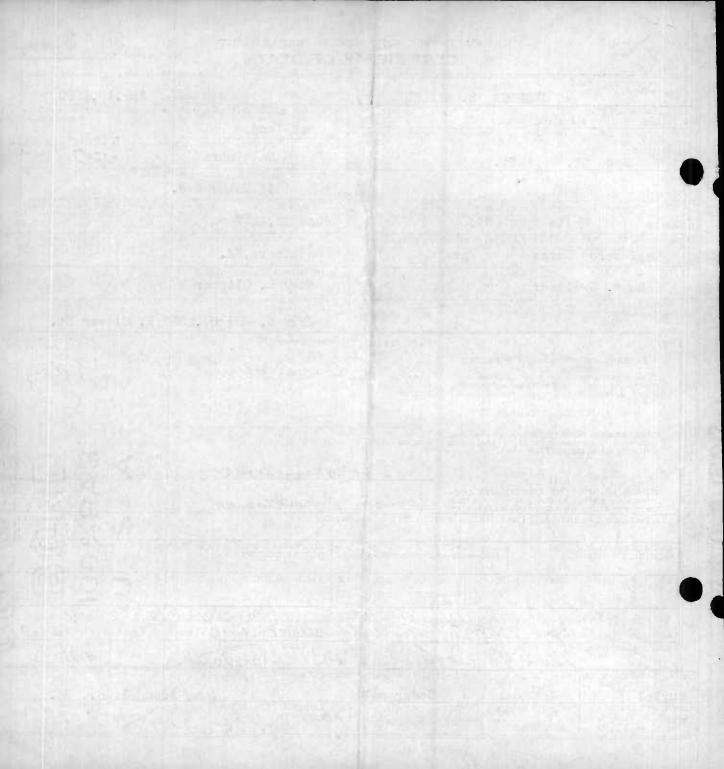
50 3424 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE DEATH Apr. 10, 1950 CECELIA S. FISHER 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. STATE B. COUNTY A. Baltimore City, Maryland Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore 2305 St. Paul St. Yrs. D. STREET ADDRESS (If rural, give location) Mos. 4012 Maine Ave. c. Length of stay in Baltimore Days 9. AGE (In years It Under I Year last birthday) Months Days Hours Min. 5, SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW 8. DATE OF BIRTH June 22,1877 Female White 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life even if retired)
Registered Nurse INDUSTRY WHAT COUNTRY? Baltimore. Md. Nursing 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John A. Sweitzer Mary R. Clipper 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mary O. Murphy, 2537 E. Oliver St. NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH olovary Hrombosis DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (c) also meningocele OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF 19A. DATE OF OPERATION important. 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e.g., In or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE WORK AT WORK 22. I hereby certify that Lattended the deceased from / lan. 238. ADDRESS 23A. SICHATURE

(If in Baltimore City, give exact location) . 1950, to avril 10, 1950, that I last saw the deceased alive on april 9, 19 5, and that death occurred at 12:30 P.m., from the causes and on the date stated above. 23c. DATE SIGNED 4-12.50 4D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY Cedar Hill nne Arundel Co... Burial REGISTRAR'S SIGNATURE DATE RECEIVED BY with our Willaule, Mil

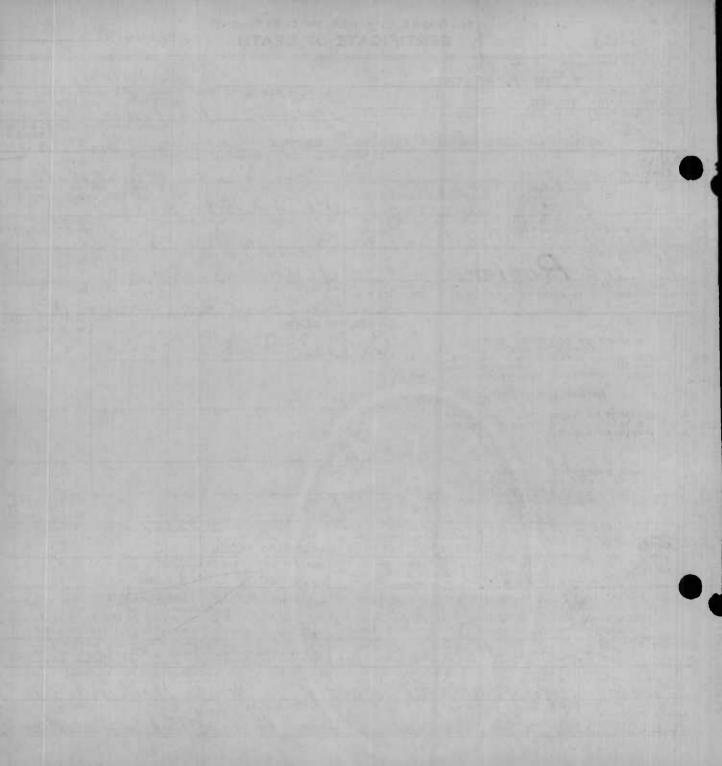
VS 150

before admission)

township)



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH April 12, 1950 ELVIN V. ROSTER 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A STATE B. COUNTY A. Baltimore City, Maryland before admission) Maryland B. FULL NAME OF ('f not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION South Baltimore General Hospital near (If rural, give location) Mos. Length of stay in Baltimore Days 9. AGE (in years If Under | Year | If Under 24 Hours | Inches | Hours | Min. 6 COLOR OR RACE 5. SEX 7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify) male white 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) ANDUSTRY WHAT COUNTR aboren-14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS. IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT 20. AUTOPSY? 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS PRIMARY A OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH. Industrial place Hawkins Point 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED April 12, 1950 10,45 Crushed by 120' H beam 22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death \square my origin resulted from: natural causes \square , accident \square , suicide \square , homicide \square , undetermined \square . 238 CHIEF MEDICAL EXAMINER 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER April 12,19 23A. SIGNATURE April 12,1950 24A. BURIAL, CREMA-NAME OF CEMETERY DR CREMATORY 24B, DATE 24D, LOCATION (City, town, or county) TION, REMOVAL (Specify) 1210 DATE RECEIVED BY 25 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR



Registered No. 3426 BALTIMORE CITY HEALTH DEPARTMENT JL- 137191. CERTIFICATE OF DEATH 50-07188 BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE Baby Boy Bosworth- Gilda 4-10-50 OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or baltimore City Hospital flocation) B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN 4940 Eastern Ave. INSTITUTION township) Baltimore D. STREET ADDRESS (If rural, give location) Mos. 1501 Raven Ct- 24 Length of stay in Baltimore 1 hr. Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED. It Under 1 Year If Under 24 Hours 9. AGE (in years) WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Male Negro 4-10-50 Single IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME death 14. MOTHER'S MAIDEN NAME Pindleton Bosworth Gilda Washington 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. B.C. H. Records. 4940 Eastern Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Fetal Atelectasis heart failure, asthenia, etc. It means the disease, Prematurity injury or complication which caused death.) ANTECEDENT CAUSES Physicians: please DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO FIC OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INLURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED Iy a AT WORK WORK 22. I hereby certify that I attended the deceased from 4-10-50 19 to April 10 , 19 50 that I last saw the deceased alive on April 1019 50, and that death occurred at 1.45AN from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 4940 Eastern Ave. 4-11-50 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) (State) Cremation 4-11-50 Balto. City Hospital 4940 Eastern Ave. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS VS 150

The Park Style of Park

24A. BURIAL, CREMA-Burial

VS 150

death

Physicians: please

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St. Thomas Cemetery 4-15-50 DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Tuntivator Villague, M. M.

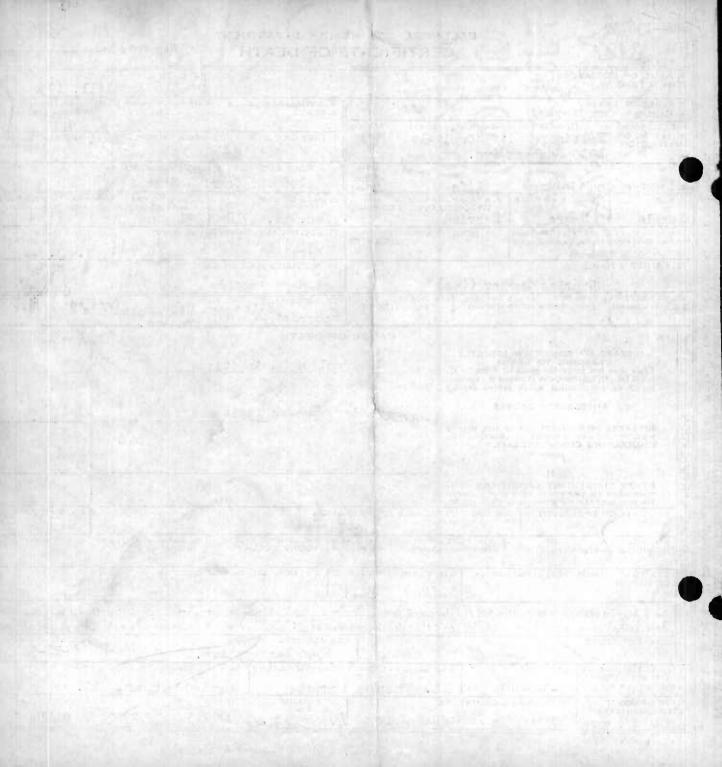
(Mrs) Frances A. Hemsley

425. FUNERAL DIRECTOR

ADDRESS

578 W. Biddle St.

Randallstown, Md.



TION, REMOVAL (Specify
DATE RECEIVED BY
LOCAL REGISTRAN
VS 150

death

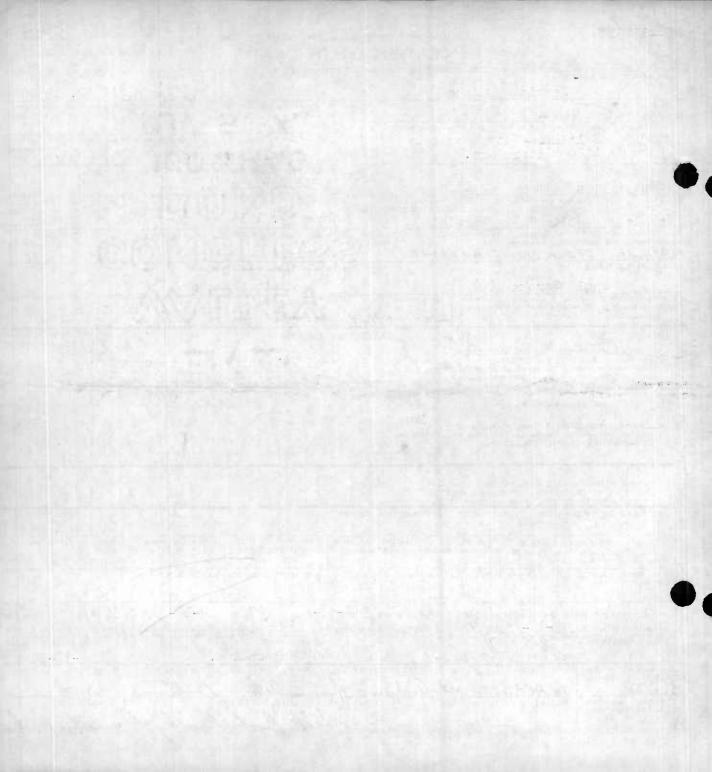
Physicians:

important.

24c. NAME OF CEMETI Al - andrewo DRE

Walts Bushs

13B



20. AUTOPSY YES (If in Baltimore City, give exact location) 21c. WHERE DID

21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e.g., in or (Specify) about home, farm, factory, street, office bldg., etc.) HOMICIDE

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

WHILE AT NOT WHILE

OF INJURY WORK AT WORK

22. I hereby certify that I attended the deceased from deceased alive on O 1950 and that death occurred at_

23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C, NAME OF CEMETERY OR CREMATORY | 24D, LOCATION (City, town, or county) 24B, DATE 4/14/50 entombment DATE RECEIVED BY REGISTRAR'S SIGNATURE Thurward / miland Me

Greenmount Mausoleum 25. FUNERAL DIRECTOR

23B. ADDRESS

John O. Mitchell& Sons, Inc .- 1900 Eutaw Pl.

INJURY OCCUR?

2824 St. Paul St.

21F. HOW DID INJURY OCCUR?

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19 10 that I last saw the

23c. DATE SIGNED

...m., from the causes and on the date stated above.

Baltimore, Maryland

before admission)

township)

If Under 24 Hours

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

LOCAL REGISTRAR

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50 3431 HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) hristopher Kule George DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) South BaltiHore General Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days Zastern AJERUE 9. AGE (In years | | Under 1 Year | | Under 24 Hours | last birthday) | Months | Days | IIours | Min. should be 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Male larried 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Baltimore C DYOCEY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Vavis of 16. SOCIAL 17. INFORMANT SECURITY ADDRESS (Yes, no or nnknown) (If yes, give war or dates of service) -01-4459 INTERVAL BETWEEN CAUSE OF DEATH 18. 416 ONSET AND DEATH very ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: 1 11 OTHER SIGNIFICANT CONDITIONS CON-CEF TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY YES W NO 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) ebout home, ferm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! AT WORK 22. I hereby certify that I attended the deceased from 418 50 that I last saw the . to_ 1950 f. m., from the causes and on the date stated above. ., and that death occurred at 9 deceased alive on I 23A. SIGNATURE 23B. ADDRESS 23c, DATE SIGNED yazuna Tope H119/20 Street 1313 M D. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) anner DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR milio a for / Wheatle, M VS 150

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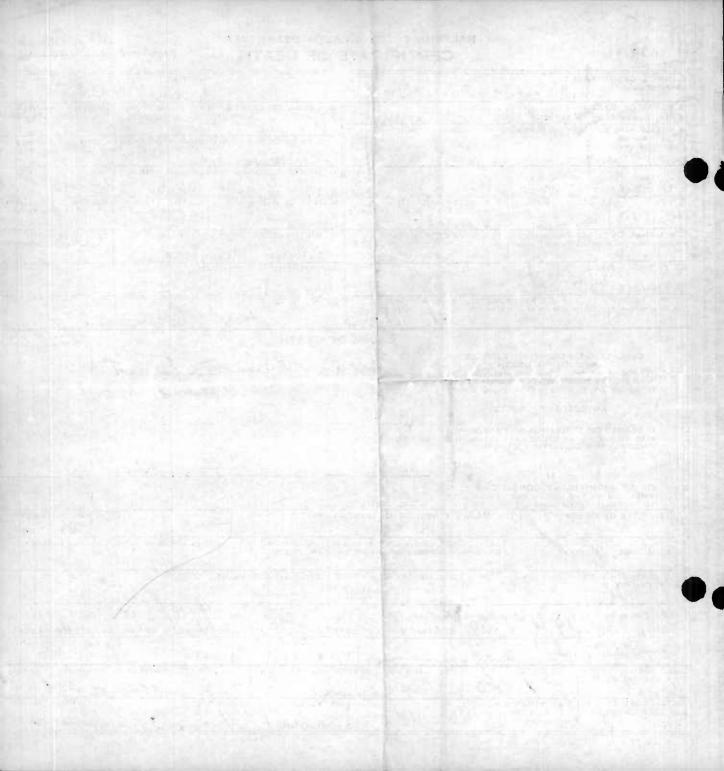
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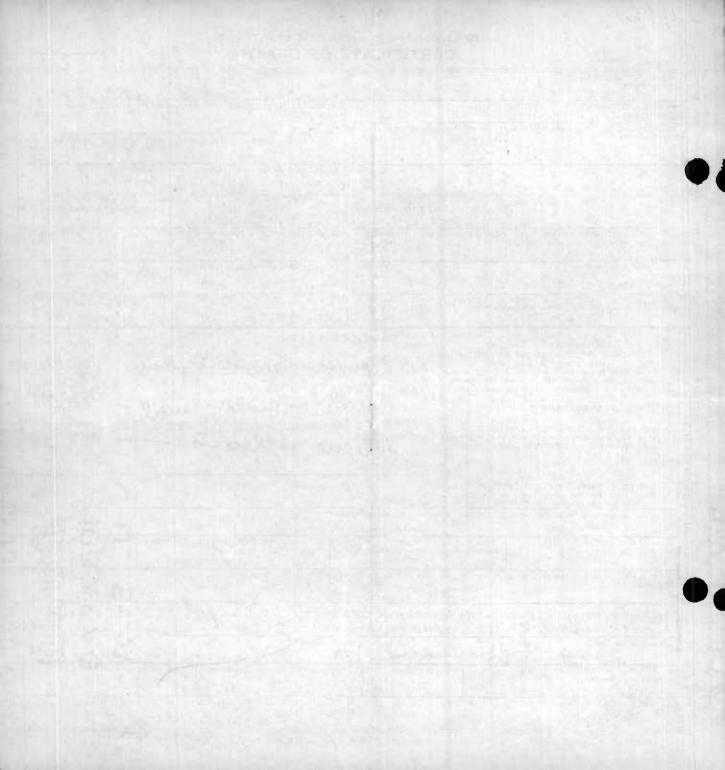
BALTIMORE CITY HEALTH DEPARTMENT

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5	1 343	2		CERTIFICAT	E OF DEATH	Registered N	0	
1.	NAME OF D		4			2. DATE OF	1 10 1050	
	PLACE OF D	Mary Wolber EATH: City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)			
В.	FULL NAME OSPITAL OR		al or institut	tion, give street address or location)	Md.	(If outside corporate limits		
0	ISTITUTION	3425 0	Donne	all St.	Baltimore 7(-07 township)			
c.	Length of s	tay in Baltimore		Yrs. Mos. Days	o. street address 3425 O'Donne			
5. SEX 6. COLOR DR RACE			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH NOV. 16. 1866		Under 1 Year H Under 24 Hours Min.	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			OF BUSINESS OR	11. BIRTHPLACE (State of	100	12. CITIZEN OF WHAT COUNTRY		
13	AT B. FATHER'S N	nome		Ġŧ	TMANY 14. MOTHER'S MAIDEN NAME			
1.5		e Waldmann			B arbara			
(Ye	s, no or nnknown)	ED EVER IN U.S. ARMEI (If yee, give war or date	of service)	SECURITY NO.	Mrs.Bertha Ermer 3425 O'Donnell			
RTIFICATION	injury or DISEASE RISE TO T UNDERL'	re, asthenia, etc. It mes complication which antecedent causes or conditions, if the above cause (A) YING CONDITION LA	caused death SES FANY, GIVII STATING TO	NG DUE TO	mia-chaonie dis-rascula enio-peleus			
CE	TO THE D	G TO THE OEATH, BUT DISEASE OR CONDITION OF OPERATION 1	CAUSING		RATION		20. AUTOPSY?	
MEDICAL								
2	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? MHILE AT NOT WHILE AT WORK AT WORK NOT WHILE NOT							
	22. I hereby certify that I attended the deceased from word 1, 1923, to Gul 10, 1934, that I last deceased alive on 1934, and that death occurred at 1 m., from the causes and on the date stated 23A. SIGNATURE 23B. ADDRESS 23c. DATE S							
Lower fr. Junem M.D. 722 20. (Cenwood am april 11/3								
TI	24a. BURIAL, OREMA- TION, REMOVAL (Specify) Burial Apr.13,1950 First Evangelical O'Donnell St.							
r	ATE RECEIVE	950 REGISTRAR	S SIGNATU	URE	Clarence F.	1	ADDRESS	

VS 150

Clarence F. Hoffmann
Uneuse f. Hoffmann



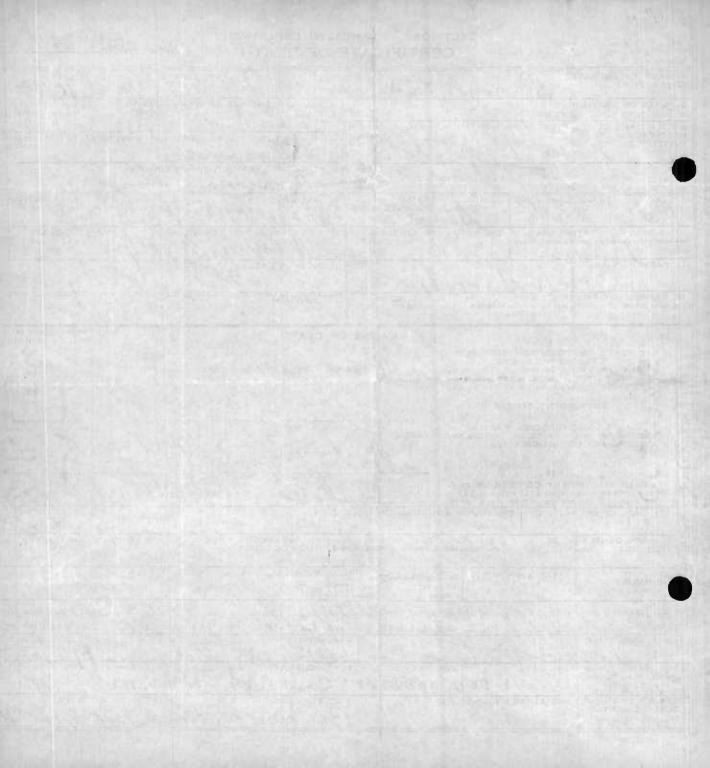
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240 PARROLL BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution, residence , before admission) B. COUNTY A. Baltimore City, Maryland A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) D. STREET ADDRESS / (If rural, give location) 350 Mos. c. Length of stay in Baltimore Desire 6. COLOR OR RACE SINGLE, MARRIED 9. AGE (In year) Il Under I Year | Il Under 24 Hours last birthday | Months: Days | Hours: Min. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify 1, 26, 190 10A. USUAL OCCUPATION (Give kind of 10 KIND OF BUSINESS OR 19. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of warking life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN 340.3 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION EDICA 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 4/11, 19 30, that I last saw the 3/31/ 22. I hereby certify that I attended the deceased from_ . 19 50, to_ deceased alive on___ 1950, and that death occurred at 2525 pm., from the causes and on the date stated above. 23A. SIGNATURE 238 ADDRESS 23C. DATE SIGNED 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY 240, LOCATION (City, town, or county) WOODSTOCK - 14-50 WOODSTOCK CONFER QUR1A DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Emaza VS 150



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			DA	I TIMORE CITY US	ALTH DEBARTMENT		0 3435
-	BALTIMORE CITY HE					Registered N	
3	RTH NO.	J		CERTIFICAT	E OF DEATH	registered 1	10.
	NAME OF DE	ECEASED				2. DATE	
(T	ype or Print)	LOUIS	THEODO	DRE SCHMIDT		OF DEATH Ann	10 10 50
	PLACE OF DE	EATH:		ZALLE CONTRACTOR	4. USUAL RESIDENCE (V	Vhere deceased lived. If	
		ity, Maryland	1 1		A. STATE Maryla	B. COUNTY	before admission)
H	OSPITAL OR	OF (If not in hospita	al or institu	tion, give street address or location)			s, write RURAL and give
11	ISTITUTION	2001 17 004		Amazona		7.7	township)
à	(3)	2921 Fleet	DOOM		Baltimore		
Ų				Yrs. Mos.	o. STREET ADDRESS (If		
		ay in Baltimore		Days	2921 Fleetwood	od Avenue	
5.	SEX	6. COLOR OR RACE	7. SINGL	E, MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years Mo	Under I Year If Under 24 Hours onths Days Hours Min.
	M	W	Widov	WED, DIVORCED (Specify)	Vov. 12, 1869	80	
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~	arpente:	working life, even if retired) - Ret.	20 V-	INDUSTRY			WHAT COUNTRY?
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15	WAS DESCRICE	? Schmidt			Martha ?		
(Ye	s, no or unknown)	D EVER IN U. S. ARMED (If yes, give war or dated	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT 3805	Ednor Road	DDRESS
	No			None	Mr. J. E. Schi	midt	
Fi	18. 420	. /		CAUSE	OF DEATH		INTERVAL BETWEEN
	/	E OR CONDITION	DIRECTLY	a	~		ONSE! AND DEATH
	LEADING TO DEATH						
	heart failure, asthenia, etc. It means the disease,						*******
	injury or complication which caused death.) OUE TO					1.0 (2.0) (0.0) (0.0)	
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Z	DISEASES OR CONDITIONS, IF ANY, GIVING						
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED							
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M	CAUSE OF DEATH						
-	210. TIME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
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	22. I hereby	y certify that I att	ended th	e deceased from	, 19 50 , to	7/0, 191	Q, that I last saw the

deceased alive on_ 1950 and that death occurred at_____ _m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED

24A. BURIAL CREMA-TION, REMOVAL (Specify) DURIAL 24B. DATE 4/13/50 OAK LAWN REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR

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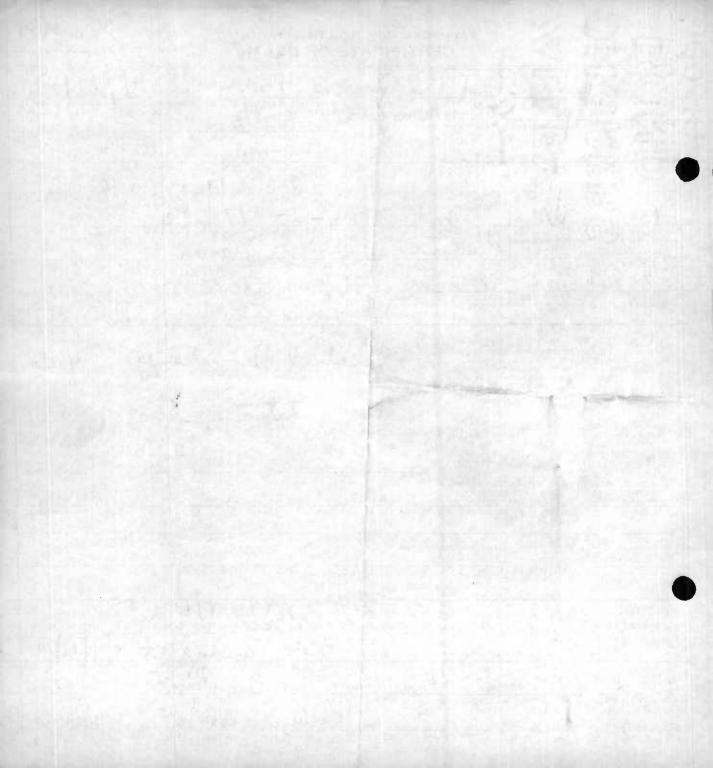
25 HENRY SANDER & SONS, INC. BALTIMORE - 13, MARYLAND

VS 150

Baltimore, Md.

A FEBRUARY CREAT SERVE, MY LON

important.



50 3437 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED VOCELER 2. DATE (Type or Print) DEATH / 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland before admission) A. STATE B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 12010 9-C Yrs. ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days and 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years AGE (In years | ff Under | Year | ff Under 24 Hours | last birthday) | Months; Days | Hours; Min. WIDOWED, DIVORCED (Specify) rdowed clearly IOA, USUAL OCCUPATION (Givekindnf) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dame during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME derome 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no nr unknown) (If yes, give war nr dates of service) 16. SOCIAL 17. INFORMANT (Yes, no nr unknown) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., in nr 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT 22. I hereby certify that I attended the deceased from dan & I 1950 to 18 0-11 6/1 , 1950, that I last saw the deceased alive on 11, 11, 1950, and that death occurred at 1000 Pm., from the causes and on the date stated above. 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24c. NAME OF CEMETERY OR 24D. LOCATION (City, town, or county) Durial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FONERAL DIRECTOR ADDRESS LOCAL REGISTRAR

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LOCAL REGISTRAR

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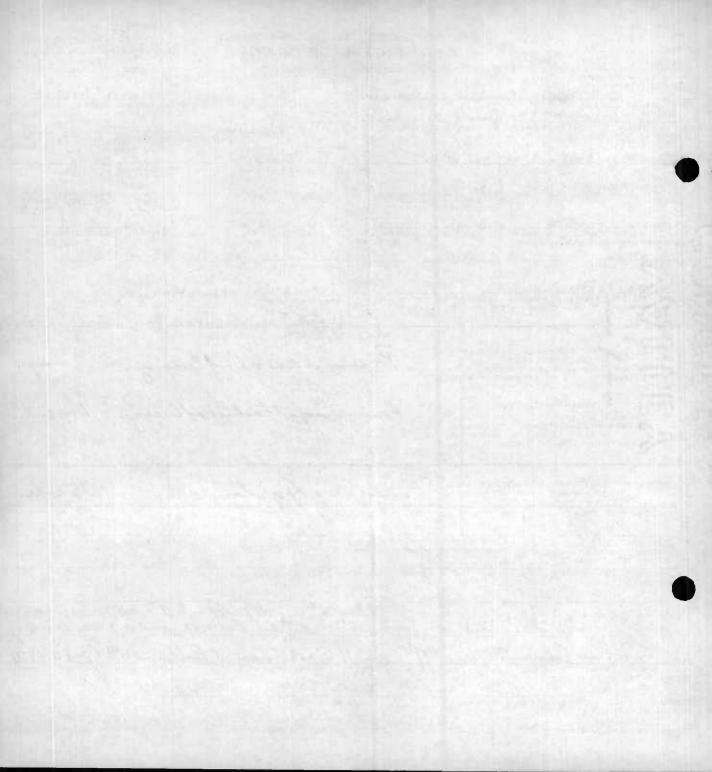
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50 3439 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) Schuman Miss Susie Vivainia DEATH April 11. 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. It institution : residence A. Baltimore City, Maryland Boltimore Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or A. STATE B. COUNTY before admission) C. CITY OR TOWN location) (If outside corporate limits, write RURAL and give INSTITUTION township) dome for Incurables. 700 w. 40th St Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | | Under | Year | | Under 24 Hours | last birthday) | Months: Days | Hours | Min WIDOWED, DIVORCED (Specify) March 18- 1876 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? None Baltimore Maryland None 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL ADDRESS SECURITY NO. Tor Ineurables - veca INTERVAL BETWEEN 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ~ o/nfluen (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES attacks Influence DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from May 6 , 1949, to April 11 , 1950, that I last saw the deceased alive on Ap 211, 1950, and that death occurred at 10 00 am., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) MT. OLIVIST USM. BURIAL DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR with the Mianes, Mills VS 150



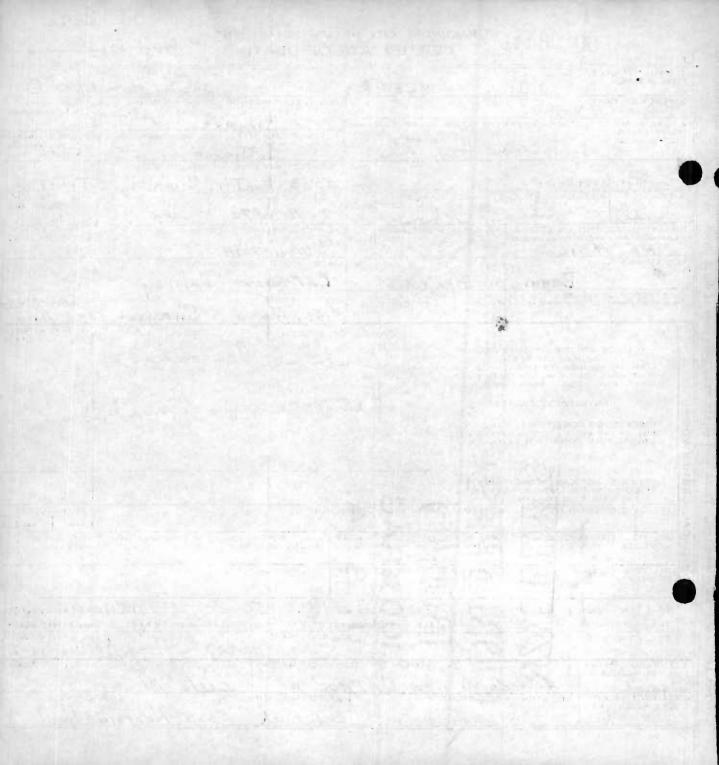
50 34aH 3440 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED (Type or Print) 2. DATE 4FLFN DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City. Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF HOSPITAL OR (If not in hospital or institution, give street address or MO C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION TARFURD township' Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 2658 HARFURA Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) II Under I Year II Under 24 Rours WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. WIDOWED 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY MARYLAND HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKNOWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. MRS LEWA W. CHAMBERS 2658 HARFORD RO. NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY mon 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY 22. I hereby certify that battended the deceased from Lack 10 190 , toler // . 195 that I last saw the deceased alive on 10, 19 50, and that death/occurred at/ m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY! 24b. LOCATION (City, town, or county) BURIAL DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150

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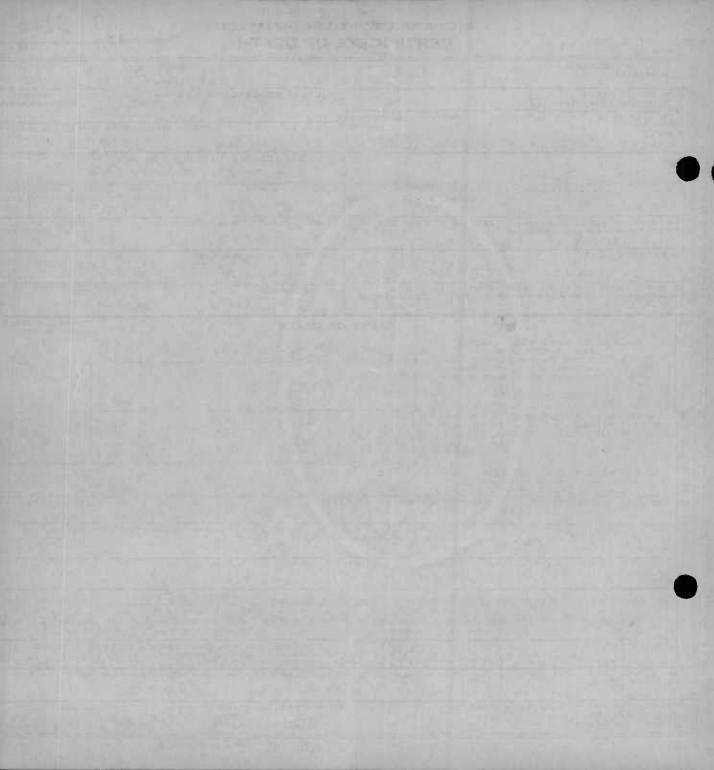
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3442 BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BURTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If Institution; residence A. Baltimore City, Maryland B. COUNTY before admission) of not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RWR) and give township) C. CITY OR TOWN INSTITUTION V29-W MOTP renera O. STREET ADDRESS (If rural, give location) CORDELIA 5,05 Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months: Days Hours Min. If Under 24 Hours WIDOWED, DIVORCED (Specify) 29-1907 10A, USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? HOUSEWORIC C 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death ChARles ALAK 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (1f yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) NONE NO. causes INTERVAL RETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES please DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Physicians: 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY important, 218, PLACE OF INJURY (e.g., in or 2IC. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING about home, farm, factory, streat, office bidg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT especially WORK AT WORK 45bec 22. I certify that I took charge of the remains described above, held an _ thereon and from Autopsy Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER M.D. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL Specify) 24C. NAME of CEMETERY OR CREMATORY | 24D. LOCATION (City town, or county) (ATKEDRA) DA110. DATE RECEIVED BY 25. RUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR decision) VS 151



CERTIFICATE OF DEATH	Registered No.		
D B. GILLECE	2. DATE OF DEATH 4/I2/50		
	CONTRACTOR OF THE PROPERTY OF		

EDWAR 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland 9 W st Barney St. A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or

before admission) location) C. CITY OR TOWN (If outside corporate limits, write RUBAL and give

Baltimore

o. STREET ADDRESS (If rural, give location)

NO X

(If in Baltimore City, give exact location)

ADDRESS

Yrs.

9 West Barney Street

Mos. Days

Life

HOSPITAL OR c. Length of stay in Baltimore 5. SEX

6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In year: If Under I Year If Under 24 Hours last birthday) Months: Days Hours; Min. WIDOWED, DIVORCED (Specify

2/6/1877

10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY?

Horseshoer Adams Co. Baltimore 13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME Unknown

Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes. no or unknown) (If yos, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO

No Family - Same CAUSE OF DEATH INTERVAL BETWEEN 18. ONSET AND OEATH DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) OUE TO

ANTECEDENT CAUSES

21B. PLACE OF INJURY (e.g., in or

REGISTRAR'S SIGNATURE

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY?

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE AT WORK

21c. WHERE DID

25. FUNERAL BIRECTOR

22. I hereby certify that I attended the deceased from March, 1950, to april 10 . 1957, that I last saw the deceased alive on 4-10-, 1950, and that death occurred at 9A. m., from the causes and on the date stated above. 23A. SIGNATURE. 238. ADDRESS 23c. DATE SIGNED

-13-17 24A. BURIAL, CREMA-TION, REMOVAL (Specify) ZAB. DATE 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or tounty) I5/50 Baltimore Parkwood

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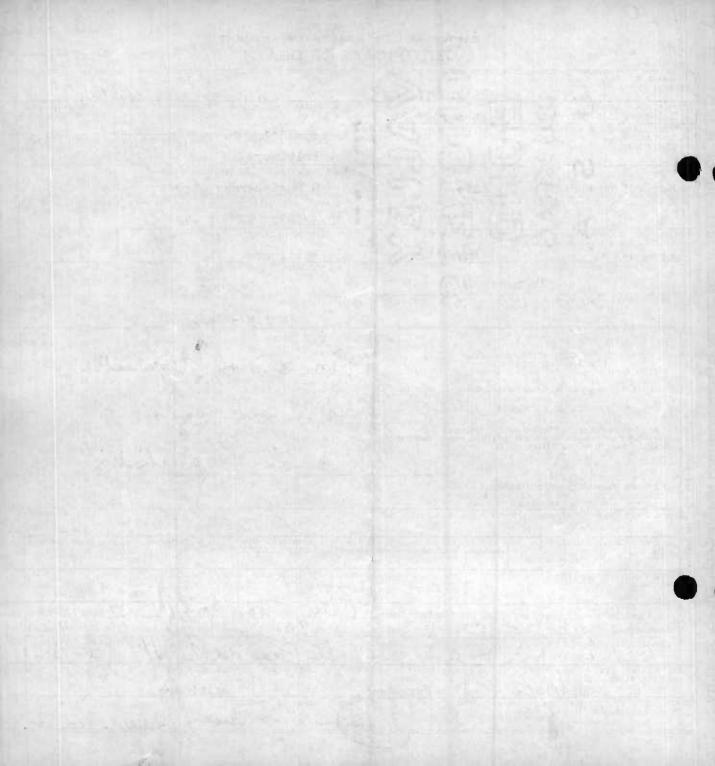
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3. PLACE OF DEATH:

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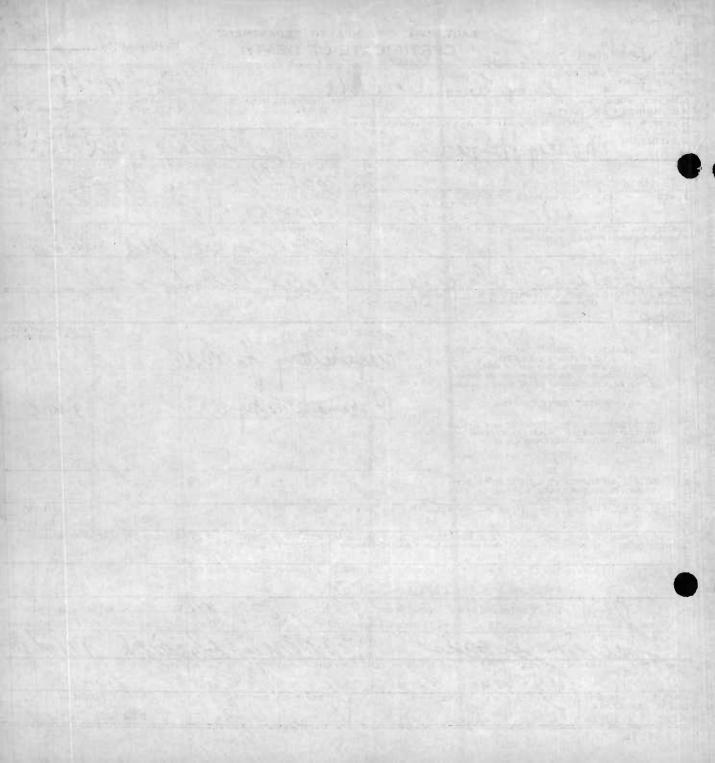


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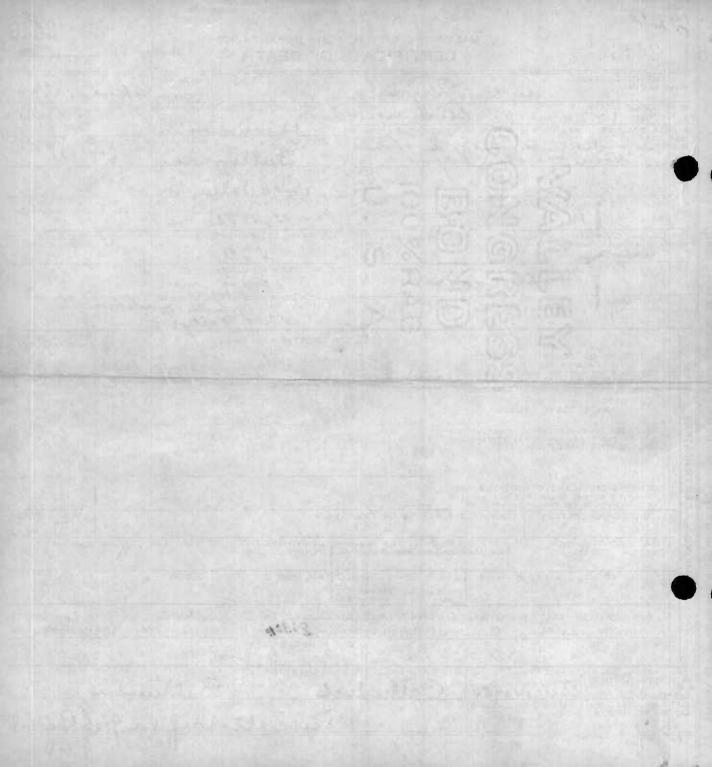
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especially



1	200 BALTIMORE CITY HE	EALTH DEPARTMENT	0 3445				
3	BIRTH NO. CERTIFICAT	E OF DEATH Registered N	0,				
	1. NAME OF OECEASED (Type or Print) WILLIAM BOYCE	2. DATE OF DEATH	-12-50				
	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If in	stitution : residence before admission)				
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION West Balto 9 enval.	C. CITY OR, TOWN (If outside corporate linite	write HURAL and give				
legibly	c. Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADORESS (If rural, give location)					
and	5. SEX 6. COLOR, OR RACE 7. SINGLE, MARRIED, WIOOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years)	nder 1 Year It Under 24 Hours ths Days Hours Min.				
clearly	10A. USUAL OCCUPATION (Give kind of work jone during most of working life, even if relired) Thor Manager Sulfus Sulfus	11. BIDGHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY				
death	6 Clwood & Bonce	14. MOTHER'S MAIDEN NAME Nena Vane					
of	15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO. 212-09-2459		DRESS				
causes	18. 470 1 CAUSE	OF DEATH	INTERVAL BETWEEN				
te the	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	jocardial infrarction	16 days.				
se write	injury or complication which caused death.) OUE TO ANTECEDENT CAUSES						
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ally in	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW OIO INJURY OCCUR? OF INJURY WHILE AT WORK AT WORK						
especia	22. I hereby certify that I attended the deceased from 312950, 19 to 41250, 19, that I last saw the deceased alive on 41250, 19, and that death occurred at 1250. Arom the causes and on the date stated above.						
18	23A. SIGNATURE 23C.						
ect age	24A. BURIAL, CREMA- 24B. OATE 110N. BEMOVAL (Specify) 15/50 mt. Oliv	ry of CREMATORY 240. LOCATION (City, town, of the territory) and the territory and t	Sallo ML				
correct	DATE RECEIVEO BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	Mildred J. Blight 600	9 Harford R				
	vs 150	2079	161				



VS 150

3447

DI	1 344			TEALTH DEPARTMENT	Registered No		
81	RTH NO.		CERTIFICA	TE OF DEATH	registered No.		
(T	NAME OF D ype or Print)	El	sie M. Niffendal		DEATH	1 12/50	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, If inst B. COUNTY	titution : residence before admission)	
H	FULL NAME OSPITAL OR		al or institution, give street address location	OF			
IN	institution 1907 Breitwert Ave.			Baltimore 25-038 township)			
	Longth of a	tay in Baltimore	Life Yrs.	1907 Breitwer			
	SEX	6. COLOR OR RACE	Day:	8. DATE OF BIRTH	9. AGE (In years If Unde	or 1 Year 1 M Under 24 Hours	
	male	White	Marin Bull VORCED (Specif	July 10,1884	last Lirthday) Month	s Days Hours Min.	
work	10A. USUAL OCCUPATION (Givekind of work done during most of working life, oven if retired) H. INDUSTRY			11. BIRTHPLACE (State or i	oreign country) 12	. CITIZEN OF WHAT COUNTRY!	
13	. FATHER'S			14. MOTHER'S MAIDEN N	IAME		
	Benja	min Pisher		Laura			
15 (Yes	. WAS DECEAS:	ED EVER IN U. S. ARMED (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	Wm. E. Diffend		ress itwert Ave	
ERTIFICATION	(This does heart failt injury or DISEASE RISE TO TUNDERL	SE OR CONDITION LEADING TO DEA' s not mean the mode of the complication which of the complication of the compl	DIRECTLY TH of dying, e.g., ans the disease, caused death.) SES (B) LO MACA (C)	dominal Care	enomatoris vy	8 Miss	
U	TO THE D	G TO THE DEATH, BUT DISEASE DR CONDITION	N CAUSING IT				
DICAL	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER			ERATION		YES NO	
1EDIC	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about bome, farm, foctory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?						
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOOF INJURY WHILE AT NOT WHILE AT WORK AT WORK				E	Y OCCUR?		
2	22. I hereb deceased a 23A. SIGNA	live on APRIL 8	tended the deceased from Ne , 1950, and that death occ	V. 5 1949 to 1	n Alvel -30	date stated above 23c. DATE SIGNED 4/12/50	
73	urial	April 1	5/50/Mt. Olivet	Cemetery 293	30 Frederick	Ave.Balto	
	ATE RECEIVE DCAL REGIST		S SIGNATURE	25. FUNERAL DIRECTOR	IA CO CA	DDRESS AND	

4101 Edmondson Ave. 49a

Letter in document file 50-3447 - 5/4/50.

BALTIMORE CITY HEALTH DEPARTMENT

50 3448

В	IRTH NO.8	CE	ERTIFICAT	E OF DEATH	Registered N	0	
1.	NAME OF DECEASED Type or Print) Mummert	Paul	JR		2. DATE OF UEATH	150	
	. PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE ()	Where deceased lived, If i	nstitution : residence before admission	
В.	FULL NAME OF (If not in hos OSPITAL OR	pital or institution,	give street address o location		10		
11	ISTITUTION C R	- 0	.,	R	f outside corporate limits	write Wil Ah and give township	
	Jo. DALT	D. GEN.	105 P. Yrs.		rural, give location)		
C	Length of stay in Baltimore	1 . EI	Mos. Days	11	LABIRD	AUE	
	SEX M 6. COLOR OR RAC	E 7. SINGLE, M.		8. DATE OF BIRTH	9. AGE (In years II	Under 1 Year It Under 24 Hours	
	W		GLE (Specify	Feb 24 1921	last birthday) Mon	nths Days Hours Min.	
TO WOL	DA. USUAL OCCUPATION (Give kind to done during most of working life, even If retir	dof 10B. KIND OF	BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF	
	LABORER	BETH	SIEELC	0. 13ALTO. 1	10.	WHAT COUNTRY	
13	3. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME		
	PAUL MU	MMEI	127	MARY ST	ACKS		
15 (Ye	5. WAS DECEASED EVER IN U.S. ARI	MED FORCES? 16	SECURITY NO.	17. INFORMANT	AC	DDRESS	
_	No			PAUL MUMA	1 ERT 6420	HOLDRIRO A	
	18. 416 X		CAUSE	OF DEATH		INTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH						
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Listense						
	ANTECEDENT CAUSES						
Z							
E	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
NO.	UNDERETHING CONDITION	LASI.					
늗	11		_ (C)				
ERTIFICATION	OTHER SIGNIFICANT CON TRIBUTING TO THE DEATH, B						
U	19A. DATE OF OPERATION	ION CAUSING IT.	RATION		20. AUTOPSY?		
AL	0	155, 3145011 111	10,1100 01 01 2			YES NO	
EDICA	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify)		OF INJURY (e. g., factory, street, office bldg.	in or 21c. WHERE DID (,etc.) INJURY OCCUR?	If in Baltimore City, g	ive exact location)	
Z	210 TIME (Month) (Day) (Va	er) (Hour) 21E	IN IURY OCCUPE	RED 215 HOW DID IN IUR	V OCCUR?		
	2 Ib. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE						
	m. WORK AT WORK						
	22. I hereby certify that I attended the deceased from \$\frac{1}{2} \\ \deceased alive on \frac{4}{12} \\ \deceased \\ \de						
	deceased alive on 4/12	, 1950, and	that death occu	23B, ADDRESS	the causes and on the	e date stated above	
	Strigets	Heren	M. D.	1213 Kegy 4	1 31.	4/12/50	
2 TI	4A. BURIAL, CREMA- 24B, DATE	24c.	NAME OF CEMET	ERY OR CREMATORY 240. L	OCATION (City, town,	or county) (State)	
	BURIAL 4/13	150 5	- STAN	: ELAUS B	ALTIMOR	E, Mp.	
	OCAL REGISTRAR	R'S SIGNATURE		25. FUNERAL DIRECTOR	0	ADDRESS	
110							

HOLY REDEEMER

24A. BURIAL, CREMA-TION, REMOVAL (Specify) BURIAL DATE RECEIVED BY LOCAL REGISTRAR

> 1050 VS 150

15-50

REGISTRAR'S SIGNATURE

24B, DATE

25. FUNERAL DIRECTOR

4430 BEL

ADDRESS

(State)

448 M. C. Solls A. A STATE OF THE STA (Type or Print)

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED / 2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A. STATE MARY LAND. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION CHAPEL BALTIMORE D. STREET ADDRESS (If rural, give location Yrs. Mos. 31 S CHAPEL ST Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (in years) It Under 1 Year 5. SEX 6. COLOR OR RACE | last birthdny) Months: Days Hours: Min. FEMALE WHITE WIDOWED 1888 10B. KIND OF BUSINESS OR 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) INDUSTRY WHAT COUNTRY work done during most of working life, even if retired) BALTIMOR E 14. MOTHER'S MAIDEN NAME AT NOME. 11.8.A. HOUSE WORK 13. FATHER'S NAME JOHN DEINLEIN EVA SCHUTZ 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or uokoown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. EILEEN MERTEL 315 CHAPELST. NO CAUSE OF DEATH 18. ONSET AND DEATH 420.1 DISEASE OR CONDITION DIRECTLY (escel LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSYT 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21a. EXTERNAL CAUSE WAS 21b. PLACE OF INJURY (e.g., io or PRIMARY OR CONTRIBUTING about home farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? A IE. INJURY OCCURRED WHILE AT 22. I certify that I took charge of the remains described above, held an Market veces thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deccased thed on the day stated above, and death in my opinion resulted from: natural eauses XI, accident I, suicide I, homicide I, undetermined I. 23C. DATE SAGNED 23B. CHIEF MEDICAL EXAMINER. 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER.... MEDICAL INVESTIGATOR 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) 24A. BURIAL. (CREMA-TION, REMOVAL (Specify) 24B, DATE HOLY REDEEMER MD. 4430 -30 BURIAL

VS 151

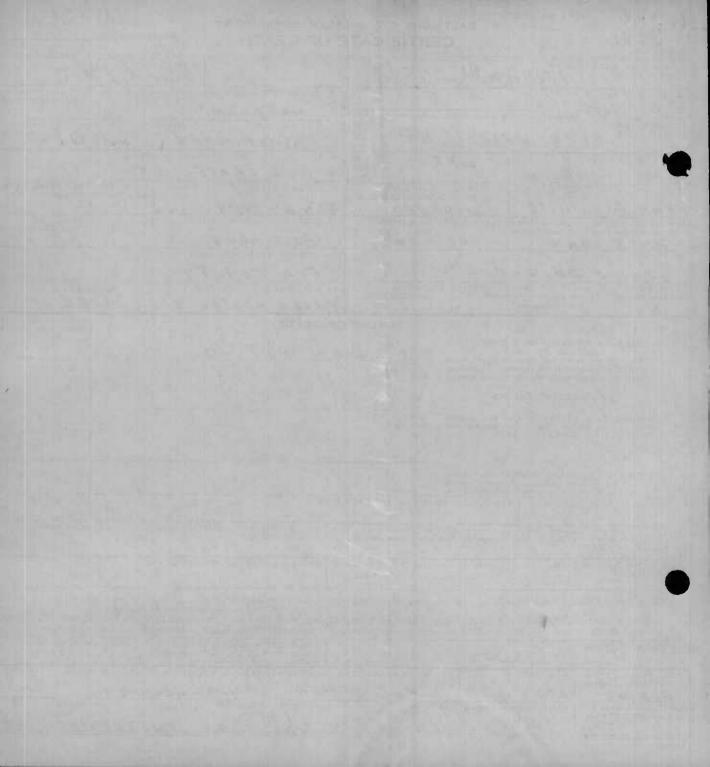
DATE RECEIVED BY

LOCAL REGISTRAR

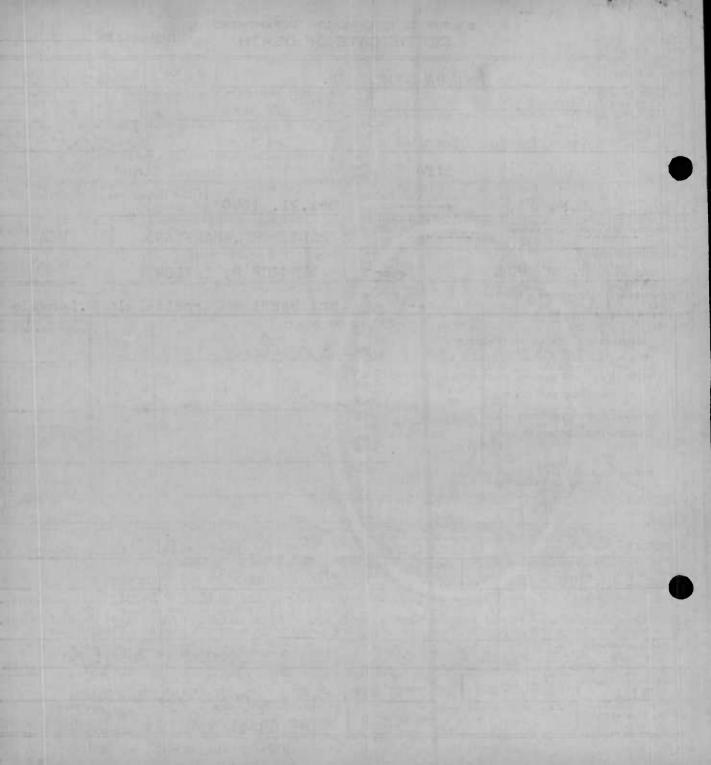
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

1800 E LOMBARD



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) WALTER BENJAMIN BURRELL, JR. April 12, DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. Baltimore City, Maryland A. STATE B. COUNTY Marvland B. FULL NAME OF "I not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Franklin Square Hospital Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos. Life 1916 W. Lanvale Street Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years If Under I Year I Under 24 Hours last birthday) Months Days Hours Min. If Under 24 Hours WIDOWED, DIVORCED (Specify) Oct.21, 1940 Colored Male 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR BALTIMORE, MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WALTER R. BURRELL BERNICE R. TAYLOR 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or uokoown) SECURITY NO. No Mrs Bernice Burrell-1916 W. Lanvale INTERVAL BETWEEN F802 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY rusted the LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) BUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. -[1 RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION unportant. 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID PR Track 21A. EXTERNAL CAUSE WAS PRIMARY I OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH. Railroad track 50 ft. West of Franklin St. Overpass 210. TIME (Month) (Day) (Year) (Hour) OF INJURY April 12, 1950 5:24 P. 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED Run over by P R R Train P en. especially 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \square , accident \square , suicide \square , homicide \square , undetermined \square . 238. CHIEF MEDICAL EXAMINER 23A. SIGNATURE 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) 248. DATE TION. REMOVAL (Specify BURIAL MEM. PARK DATE RECEIVED BY REGISTRAR'S SIGNATURE was mill all, i LOCAL REGISTRAR 804.2 802-04 MADISON AVENUE

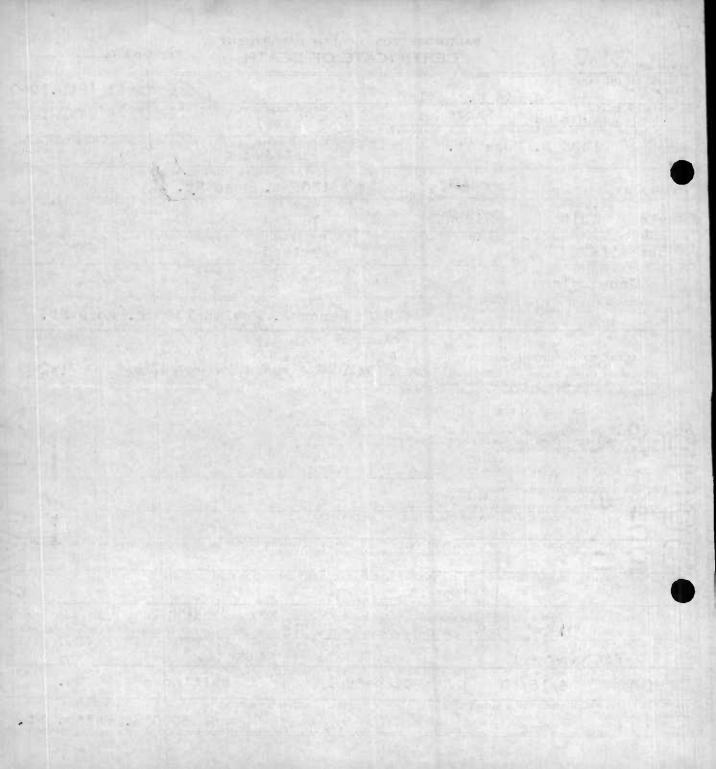


correct age is especially important. Inystitum: mease million carses

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 3452 Registered No.

В	50 3452	3		CERTIFICATI	E OF DEATH	Registered	No.	
1.	NAME OF DECEAS		to M	Morrlon		2. DATE OF Apr	il 12th.1950	
3. A.	PLACE OF DEATH: Baltimore City, N	faryland Ba	ltimor	Moylan 'e	4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE APT AND B. COUNTY before admission			
B.	FULL NAME OF	06 N. R	al or institut	ion, give street address or		(If outside corporate lim	oits, write RURAL and give township)	
c.	Length of stay in	Baltimore		Yrs. Mos. Life Days	1306 N. Ros			
_		or or race	7. SINGLE	E, MARRIED, (ED DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	ff Under 1 Year If Under 24 Hours 1 Onthis Days Hours Min.	
1C wor	A. USUAL OCCUPAT	ION (Give kind of glife, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State of Maryland	or foreign country)	12. CITIZEN OF WHAT COUNTRY	
13	John H	yland			14. MOTHER'S MAIDEN	NAME		
15 (Ye	5. WAS DECEASED EVER	R IN U.S. ARMEE	FORCES?	16. SOCIAL SECURITY NO.	Leroy J. Moy	lan 1306 N.	Rose St.	
RTIFICATION	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CAUSE OF DEATH (A) WE MOSCILLIAN GWO IN							
Ш	TRIBUTING TO THE DEATH, BUT NOT RELATED							
L	19A. DATE OF OPE			FINDINGS OF OPER	RATION		20. AUTOPSY?	
EDICAL	21A. ACCIDENT. St HOMICIDE (Spec			ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		(If in Baltimore City	YES NO , give exact location)	
M	21D. TIME (Month) DF INJURY		m.	21E. INJURY OCCURR WHILE AT NOT WHILE WORK NOT WHILE AT WORK			sh	
	22. I hereby cert deceased alive on 23A. S GNATURE	11 4pm		and that death occur	23B. ADDRESS	m the causes and on	50, that I last saw th the date stated above 23C PATE SIGNED	
2 11	4A. BURIAL, CREMA- OH REMOVAL (Specify)	248. DATE 4/15/5	60	M. D. 24c. NAME OF CEMETE New Cathed:	1513 N MILM ERY OR CREMATORY 241 Pal	b. LOCATION (City, town Baltimore	yn, or county) (State)	
	ATE RECEIVED BY OCAL REGISTRAR DD 1 2 1050	REGISTRAR	S SIGNATU	liams,//c	John Am Ma		Balto. St.	
#	VS 150		W- =		1 3 3		1310	



21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
AT WORK

22. I hereby certify that I attended the deceased from 3-8
deceased alive on 1950, that I last saw the deceased alive on 1950, and that death occurred at 1950, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

23A. BURIAL, CREMA: 24B. DATE
TION REMOVAL (Sporify)

24C. NAME OF CEMETERY OR CREMATORY

24O. LOCATION (City, town, or county)

Particular

Particular

(State)

vs 150

REGISTRAR'S SIGNATURE

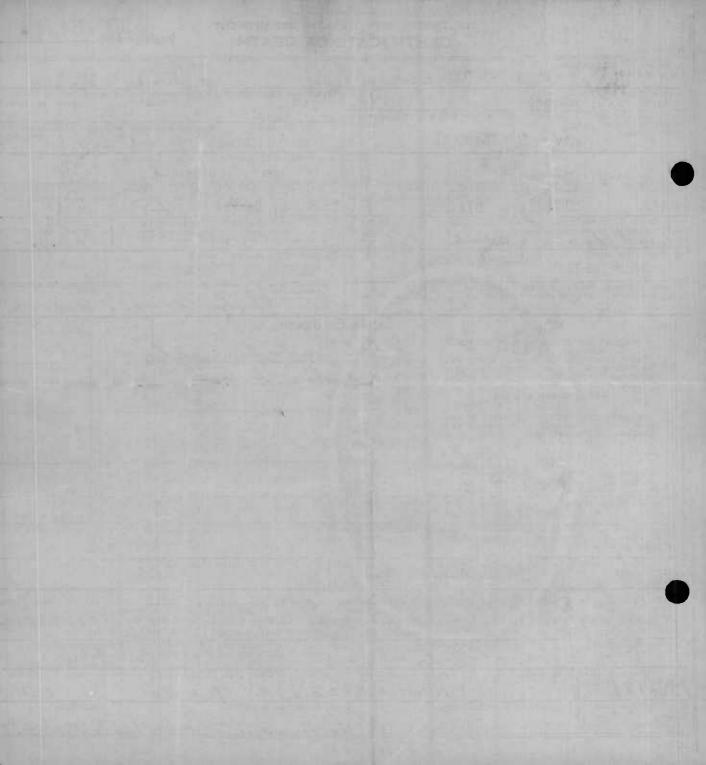
DATE RECEIVED BY

LOCAL REGISTRAR

mo Blanka

6	2000	MINIONIE U	BALT	IMORE CIT	Y HEA	LTH DEPARTMENT	5	3454	
B	UC IRTH NO.	3454		CERTIFIC	CATE	OF DEATH	Registered	No. 3454	
=	NAME OF D	ECEASED					2. DATE		
(7	'ype or Print)	FRANK	KRIEG	XEEIS.	(J	R)	OF	11 12, 1950	
	Baltimore (EATH: City, Maryland				4. USUAL RESIDENCE (Where deceased lived, I B. COUNTY	If institution : residen before admis	
Н	FULL NAME OSPITAL OR	OF ('i' not in hospit	al or institutio			Maryland c. CITY OR TOWN (I	f outside corporate lim	its, write RURAL and	d wive
11	ISTITUTION	University	Hospita	1		Beltimore	21-		nship
	r anoth of a	tay in Baltimore	3.500		Mos.	722 Rams			
27	SEX	6. COLOR OR RACE	7. SINGLE.	MARRIED	Days	B. DATE OF BIRTH 3015	9. AGE (In years)	If Under I Year If Under 2	A Hausa
	MALE	WHITE	DIVO	D. DIVORCED ((Specify)	EB 22, (1-884)	last birthday) A	If Under I Year If Under 2	
	k done during most	CUPATION (Give kind of of working life, eyen if retired)	Bullele		OR I	BALTIMORE,		12. CITIZEN OF WHAT COUN	TRY
1	FATHER'S			The Strip		4. MOTHER'S MAIDEN N		1 0.0.	
	JOHN	KRIEG		V		MARGARET DE			
	. WAS DECEASE	D EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY	NO I	7 INFORMANT A		ADDRESS	
				Secontri	6	mes top har of	2684 873	n augus	de
	18. 42-	2.1.	1-1-14	CAI	USE O	DEATH	1	INTERVAL BET	
	/	SE OR CONDITION	DIRECTLY		1+	1 1	0	ONSET AND C	EAT
	LEADING TO DEATH								
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)								
	injury or	ANTECEDENT CAUS		000.10	a constant	war mysas			
7				(B)		***************************************	***************************************		*******
RTIFICATION	RISE TO T	S OR CONDITIONS, I THE ABOVE CAUSE (A) (ING CONDITION LA	STATING THE						
A									
FIC		- 11		(C)					
ETI		IGNIFICANT CONDI							
Ш		TO THE DEATH, BUT				*******			
U	19A. DATE C	F OPERATION 1	98, MAJOR F	INDINGS OF	OPERAT	10N		20. AUTOPS	Y?
AL			1 01- 01-0	5.65 1311131	/ .	1 010 1011505 010 /	TO TO THE COLUMN	YES NO	
EDICA	PRIMARY CAUSE OF	NAL CAUSE WAS OR CONTRIBUTING [] DEATH.		E OF INJURY m.factory.street,offic			If in Baltimore City,	give exact location)	
Σ	210. TIME (Month) (Day) (Year)	(Hour) 21	E. INJURY OC	CURRED	21F. HOW DID INJUR	Y OCCUR?		
	OF INSORT				WHILE				
	22. I certij	y that I took char	ge of the re	emains descri	ibed abo			thereon and ;	from
	the evi	dence obtained by	said Auton	su Inspection	n or Inc	Autopsy, uiry, find that said d	Inspection or Inquiry		
ı	and de	ath in my opinion	resulted fro	m: natural	causes [], accident [], suicide	☐, homicide ☐,	undctermined [
	23A. SIGNA	yrof. Me	Claffe	rty	M.D.	23B. CHIEF MEDICAL ASSISTANT MEDICAL MEDICAL INVESTIGAT	EXAMINER	3c. DATE SIGNED 4/13/50	
719	N. REMOVAL (S			HOLY C			OCATION (City, town	n, or county) (St	ate)
D	ATE RECEIVE					5. FUNERAL DIRECTOR	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ADDRESS	
L	CAL REGIST	nrn	The Marie	Me	Và	Fernand G. J	Harle 121	E West 3	282
VS	151			340	41	1		937 W	

giniy.



50 3455 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE CLARENCE HARRISON ROOT DEATH Apr. 13, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Mi chigan (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR US Marine Hospital C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wymen Pk. Drive & 31st St. Grand Rapids D. STREET ADDRESS (If rural, give location) Yrs. Mos. 23 days 1636 Francis Avenue SE Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months Days Hours Min. 10/25/00 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF work done during most of working life, even if retired)
Retired INDUSTRY WHAT COUNTRY Michigan U.S. Coast Guard 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Eastman Root Anna J. Taylor 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war nr dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) 381-28-9263 Records- US Marine Hospital, Balto, Md. Yes INTERVAL BETWEEN CAUSE OF DEATH 53 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Bronchopneumonia, bilateral (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Adenocarcinoma of the transverse 1 mos. colon DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 1-Resection of tranverse colon (C) -2 -- Cecostomy ---OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY Carcinoma of the transverse colon DICAL 4/4/50 VES X 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE Mar. 21 1950 to Apr. 13 1950 that I last saw the 22. I hereby certify that I attended the deceased from_ and that death occurred at 10:30 Am., from the causes and on the date stated above. deceased alive por . 13 1950 23A. SIGNATURE 23c. DATE SIGNED Glodhi Vi US Marine Hospital, Balto, Md. Emerson Y. BURIAL, CREMA-DATE RECEIVED BY 25 REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

self-residency services between the services . eletra- bearing to TAMES OF THE PARTY and some the second control of the second second the Electric to the Company of the Company · Pulled For The state of the s Bould HELD STUDIES TO THE

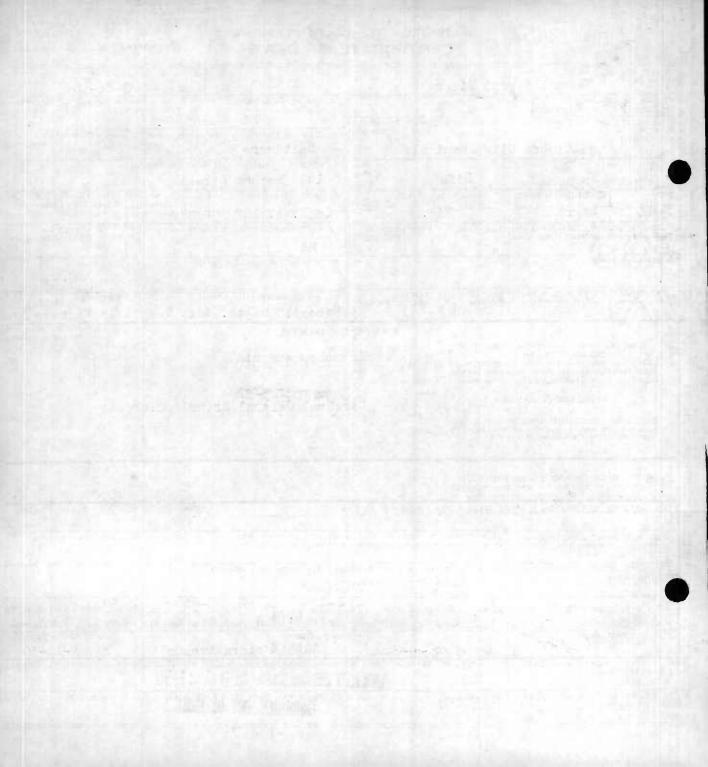
50 3456 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) FITE BOONE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A Baltimore City, Maryland Baltimore, City

B. FULL NAME OF (If not in hospital or institution, give street address or A. STATE B. COUNTY before admission) Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give University Hospital INSTITUTION Baltimore, City o. STREET ADDRESS (If rural, give location) Yrs. Mos. 137 W. Henrietta Street Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | it Under 1 Year | it Under 24 Hours | last birthday) | Months; Days | Hours | Min. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Married 6/20/1889 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Housewife Calvert Co., Md. 13, FATHER'S NAME 14. MOTHER'S MAIDEN NAME John H. Bannister Martha Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Harrison Boone-137 W. Henrietta St NTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Intracere brol hemorrhage c (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, ventricular extensión. injury or complication which caused death.) ANTECEDENT CAUSES Hyperkasius CUD DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? impor ant. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21c. WHERE DID (Specify) INJURY OCCUR? HOMICIDE 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? especially WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from 4-11 ___, 1950, to 4-12 , 1950, that I last saw the deceased alive on 4-12, 19 50, and that death occurred at 1140 pm., from the causes and on the date stated above. 23B. ADDRESS 23A, SIGNATURE 23c. DATE SIGNED University Hospital 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) Mt Calvary Cemetery | A.A.Co., A. A. Co., Md. 4/15/1950 Burial DATE RECEIVED BY ADDRESS LOCAL REGISTRAR J. L Brown thon montgomery St thinkington Holipule, News VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 3457 Registered No.

В	RTH NO.			CERTIFICATI	L OI DEATH			
	NAME OF D					2. DATE OF	0/ 40	
3.	PLACE OF D	Samuel Edw EATH: City, Maryland	ard Ell	ler	4. USUAL RESIDENCE	DEATH 3	-26-50 If institution: residence before admission)	
B. He	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit		ion, give street address or location)	c. CITY OR TOWN		nits, write RURAL and give	
2	-	Baltimore C	ity nos	pitals Yrs.	Baltimore D. STREET ADDRESS (If rural, give location)		
	Length of s	tay in Baltimore	Li	17.	1420 Mosher S			
5.	Male	6. COLOR OR RACE	7. SINGLE WIDOW	MARRIED. PED DIVORCED (Specify)	Sept. 1, 1870	9. AGE (In years last birthday)	ff Under 1 Year If Under 24 Hours Months Days Hours Min.	
1 C	A. USUAL OC k done during most	CUPATION (Give kind of it working life, even if retired)	IOB. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Md	foreign country)	12. CITIZEN OF WHAT COUNTRY	
13	FATHER'S	7			14. MOTHER'S MAIDEN	NAME	V	
15 (Ye	. WAS DECEASI	D EVER IN U. S. ARMEI (If yee, give wer or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Records* Balto.		ADDRESS 4940	
	18. 2 2	W V		CALISE	OF DEATH	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	INTERVAL BETWEEN ONSET AND OBATH	
CERTIFICATION	DISEASES RISE TO T UNDERLY OTHER S TRIBUTING	LEADING TO DEAT not mean the mode of re, asthenia, etc. It means the mode of the mode of the means the mode of the means the m	of dying, e. g ns the diseas- aused death SES FANY, GIVIN STATING TH ST.	(A)	onchopneumonia	rterioscleros	sis	
				FINDINGS OF OPER	ATION		20. AUTOPSY?	
MEDICAL	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21b. PLACE OF INJURY (e.g., in or labout bome, farm, factory, street, nffice bldg., etc.) INJURY OCCUR? (If in Baltimore City, give labout bome, farm, factory, street, nffice bldg., etc.)							
2	21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK							
	22. I hereb	y certify that I att live on 3-26		deceased fromand that death occur	rred at 4:10 A., from the causes and on the date stated of			
	23A. SIGNA	TURE	Tog	Per M.O.	4940 Eastern		4-12-50	
TI	4A, BURIAL, (SON, REMOVAL (S	Specify)		24c. NAME OF CEMETE	RY OR CREMATORY 24D.	1 21950		
DLC	ATE RECEIVE DCAL REGIST	D BY REGISTRAR	SSIGNATA	Mialle Miles	25. FUNERAL DIRECTOR	of Health	ADDRESS	
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3458

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Harry Downs DEATH March 19, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 4940 Eastern Ave. Baltimore D. STREET ADDRESS (If rural, give location) Vre Mos. 2516 N. Charles St. ength of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Male White Widowed Mar. 10, 1874 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James H. Downs Mary Godshell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Records-B.C.H .- 4940 Eastern Ave. INTERVAL BETWEEN CAUSE OF DEATH 420.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic Heart Disease c failure, Fulmpnary edema (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-Asthma TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES NO 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT NOT WHILE! WORK AT WORK 2-24-19 47 to 3-19-. 1950, that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on 3-19-1950, and that death occurred at 12:50Bm., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23C. DATE SIGNED .H. -- 4940 Eastern Ave. 3-24-50 PR 1000 (City, town, or county) 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY.

TION, REMOVAL (Specify)

DATE RECEIVED BY REGISTRAR'S SIGNATURE! LOCAL REGISTRARY Multipelor Milauls, Mil

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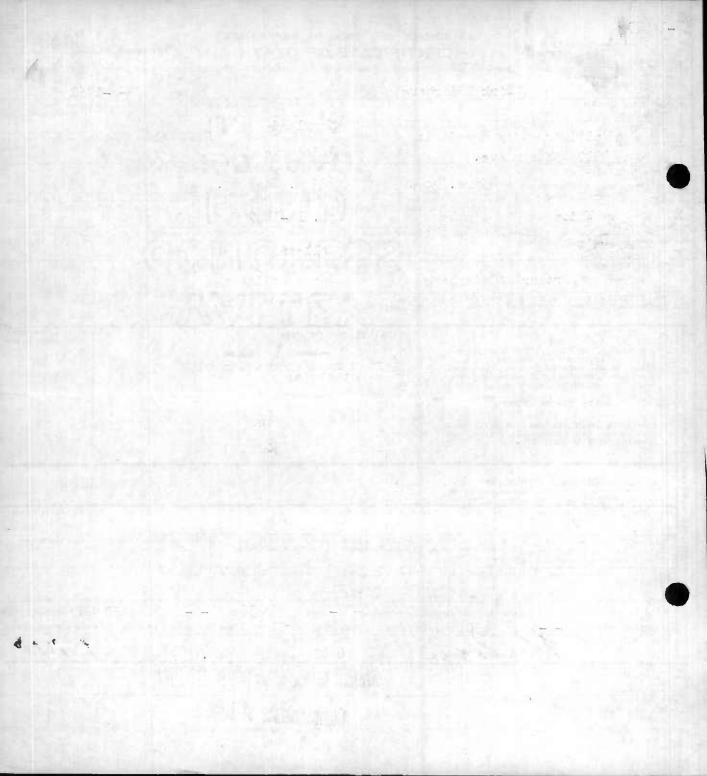
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BALTIMORE CITY HEALTH DEPARTMENT

50 3459

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BIRTH NO. 5U	3458	CERTIFICAT	E OF DEATH	Registered	No.
1. NAME OF DECEASED (Type or Print)	Dirk On	derhere		2. DATE. OF	6-1950
3. PLACE OF DEATH: A. Baltimore City, Mary	land		4. USUAL RESIDENCE (V		
B. FULL NAME OF (If no HOSPITAL OR Baltimo	ot in hospital or institution or City Hosp	tion, give street address or itals location)	C. CITY OR TOWN (II	outside corporate lim	its, write RURAL and give
2 4940 E	stern Ave.		Baltimore	5-6) / whiship
Length of stay in Bal	timore 45yrs	Yrs. Mos. Days	o. STREET ADDRESS (If 225 S. Eden St.	rural, give location)	
5. SEX 6. COLOR	OP BACEL 7 SINGL	E MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year If Under 24 Hours
M White	Sing	VED, DIVORCED (Specify)	Feb. 14-1867	83	If Under 1 Year H Under 24 Hours Hours Min.
10A. USUAL OCCUPATION ork done during most of working life, e		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f Holland	oreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
Ar	thur Onder	berg	Susan Robinson		
15. WAS DECEASED EVER IN (Yes, no or unknown) (If yes, give	J. S. ARMED FORCES? war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
DISEASES OR COND RISE TO THE ABOVE OF UNDERLYING COND OTHER SIGNIFICAN TRIBUTING TO THE DE	etc. It means the disearn which caused death INT CAUSES ITIONS, IF ANY, GIVII AUSE (A) STATING T. ITION LAST. II II IT CONDITIONS COLATH, BUT NOT RELAT	ng (B)	oma of the Colon tastases	W. 4., Q. 8.	
19A. DATE OF OPERATI		FINDINGS OF OPER	RATION		20. AUTOPSY?
	0				YES NO X
21A. ACCIDENT WAS I LYING OR CONTRIB CAUSE OF DEATH	OIADEIL.	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		If in Baltimore City,	, give exact location)
2 1D. TIME (Month) (D OF INJURY	ay) (Year) (Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE		Y OCCUR?	THE RESERVE
	m.	WORK AT WORK		. (ra
22. I hereby certify to deceased alive on	hat I attended the	and that death occur	24- , 19 36 to 1		50, that I last saw th the datc stated above
23A. SIGNATURE	7/13		23B. ADDRESS	the causes and on	23c. DATE SIGNED
	1. Clos	er M.D.	4940 Eastern Ave		4-10-50
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	B. DATE	24C. NAME OF CEMETE	STY MEDICAL SCHOOL APR	CATION (City, tow	n, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR	GISTRAR'S SIGNAT	URE 1.	25. FUNERAL DIRECTOR	lfh,	ADDRESS
AP 145 150 1990			111		46E



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) FLORDAN LLOTO GERISK DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS (L'Tural, give location) Mos. c. Length of stay in Baltimore Davs 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years) If Under 1 Year Il Under 24 Hours last birthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if ratired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME MAIDEN NAME 15. WAS DECEASED EVER IN W. S. ARMED FORCES (Yes, oo or uoloowo) (If yes, give war or dates of service) 16. SOCIAL . INFORMANT ADDRESS SECURITY NO TERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT, SUICIDE. 21c. WHERE DID (If in Baltimore City, give exact location) sbout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! AT WORK and 1950 that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on 11 Upual 19.50, and that death occurred at 8 f.m., from the causes and on the date stated above. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED mil 24A. BURIAL, CREMA-44c. 24B. DATE DATE RECEIVED BY FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR mualls VS 150

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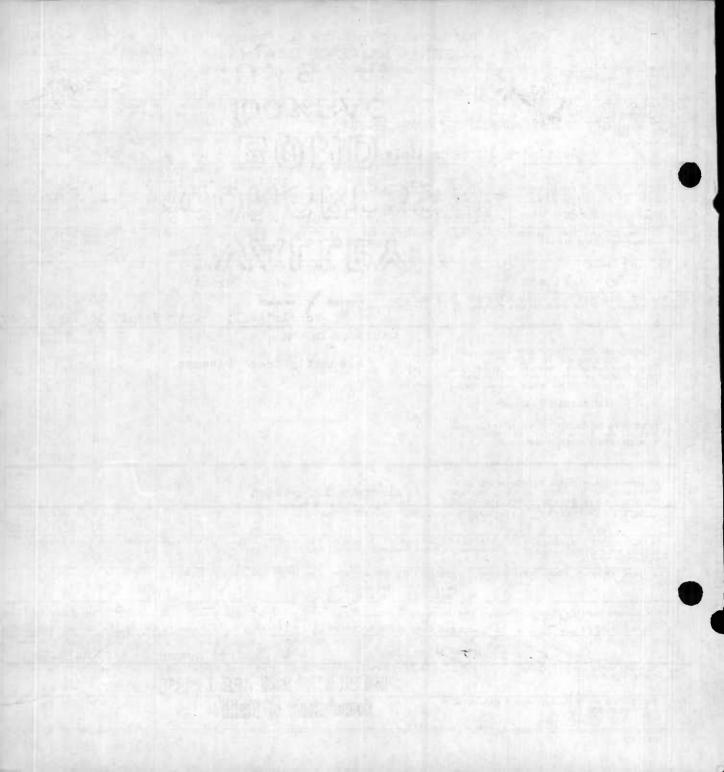
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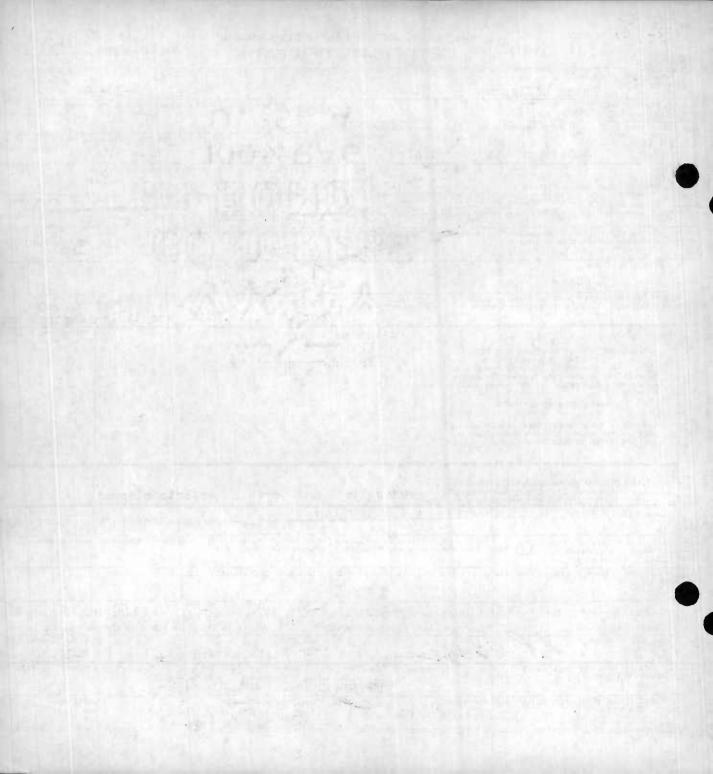
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3463 50 3463 BALTIMORE CITY HEALTH DEPARTMENT Registered No ... CERTIFICATE OF DEATH BIRTH NO. 50-66546 1. NAME OF DECEASED 2. DATE (Type or Print) Baby Girl Smith Mar. 30, 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR (If outside corporate limits, write HURAL and give C. CITY OR TOWN INSTITUTION Baltimore legibly. Sinai Hospital Yrs. D. STREET ADDRESS (If rural, give location) Mos. 2304 E. Baltimore, St. # 31 c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 9. AGE (In years | H Under | Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Female White Mar. 30, 1950 clearly 10a. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Michael Smith, Jr. Theresa Johanna Christ 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Mrs Theresa Smith, 2304 E. Baltimore St. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY memalienty LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY AT WORK WORK 1950 to June 30, 1950 that I last saw the 22. I hereby certify that I attended the deceased from. , and that death occurred at Z deceased alive on Guty . 19.2 m., from the causes and on the date stated above. 23C DATE SIGNED 238. ADDRESS 23A. SIGNATURE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

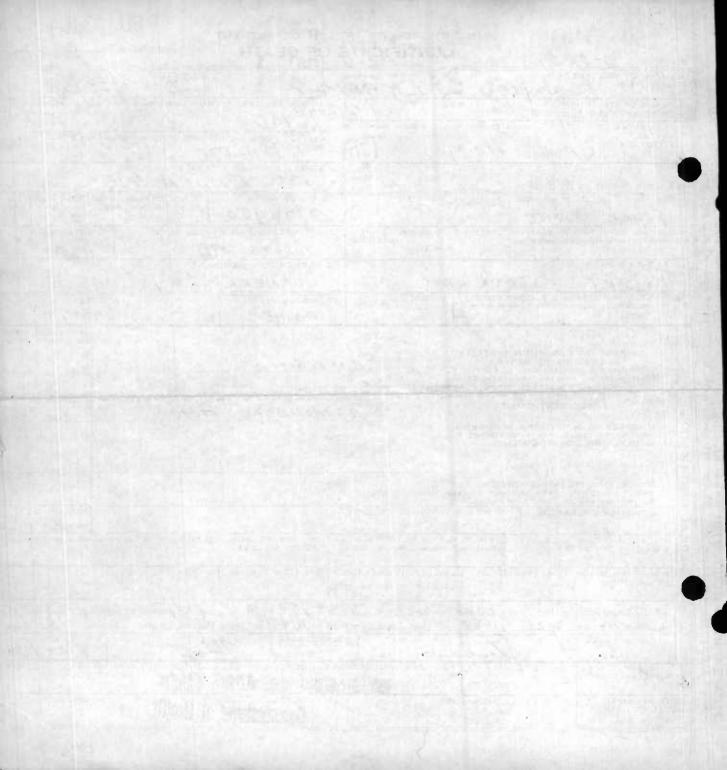
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15	BALTIMORE CITY HEALTH DEPA	5	0 3465
BI	3465 CERTIFICATE OF DEA	TITLIMENT.	
(T	(Type or Print) Jary 5 terrent Hacken	2. DATE OF DEATH OPP	l 12,1950
Α.	. PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	SIDENCE (Where deceased lived, If in B. COUNTY	before admission
H	OSPITAL OR OFFICE HOPKINS HOSPITE	OWN (If outside corporary limits,	write RURAL and give township
C.	Length of stay in Baltimore Yrs. Mos. Days	DDRESS (If rural, give location)	
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 4-5-	IRTH 9. AGE (În years last birthday) Mon	nder I Year H Under 24 Hours ths Days Hours Min.
	DA. USUAL OCCUPATION (Givekind of kdooe during most of working life, eveo if retired) 108. KIND OF BUSINESS OR INDUSTRY	CE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY
13	3. FATHER'S NAME 14. MOTHER'S	MAIDEN NAME	111
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN (If yes, give war or dates of service) SECURITY NO.	TIONES HOPKINS HOSPITE AD	DRESS
FICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	Malomotory trock	Fom B
CERTIFI	TRIBUTING TO THE DEATH, BUT NOT RELATED		
A L	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION		YES NO
EDIC/	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., io or 21c. WHER about home, farm, factory, street, office bldg., etc.) INJURY OF		ve exact location)
Z	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW OF INJURY NOT WHILE AT WORK AT WORK	DID INJURY OCCUR?	
	deceased alive on 4 - 12, 1950, and that death occurred at 10 3	Im., from the causes and on the	that I last saw the date stated above
Z TI	14A. BURIAL, CREMA- ION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATO	AS AOPXINS HOSPITY, ORY 24D. LOCATION (City, town, or	or county) (State)
DL	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL ADA 4 1950 Tuning or Miliana, 11	DIRECTOR	ADDRESS
	VS 150 Hopetal Disposal	1	579

11	60								0.466
	3466 RTH NO.		B	CERTIFICA				50 red No	3466
1.	NAME OF D	ECEASED Ba	bus	Bon O	nho	1	2. DATE OF DEATH	be. 5 /	1950
Α.		City, Maryland			A. ST		E (Where deceased liv B. COUNT	TY	tion: residence before admission)
H	FULL NAME DSPITAL OR ISTITUTION	OF (If not in hos		tution, give street addre loca		C. CITY OF TOWN (If outside corporate limits, write RURAL and give			RURAL and give township)
C.	Length of s	tay in Baltimore		N	rs. o. ST	REET ADDRESS	(If rural, give location	on)	
5. W	SEX	6. COLOR OR RAC		GLE, MARRIED, OWED, DIVORCED (Sg	ecify) 8. DA	TE OF BIRTH	9. AGE (In yea last birthda)		Year H Under 24 Hours Days Hours Min.
10 work	10A. USUAL OCCUPATION (Give kind of rook done during most of working life, even if retired) INDUSTR					RTHPLACE (State	or foreign country)		TIZEN OF HAT COUNTRY?
13	FATHER'S	JAME			14. M	14. MOTHER'S MA DEN NAME			
	. WAS DECEAS s, no or nnknown)	D EVER IN U.S. ARI	ED FORCES	? 16. SOCIAL SECURITY N	o. 17. IN	FORMANT JOHN	IS HOPKINS HUNG	ADDRES	SS
RTIFICATION	RISE TO TUNDERL	ANTECEDENT CAS OR CONDITIONS HE ABOVE CAUSE (VING CONDITION II SIGNIFICANT CON	. IF ANY, G A) STATING LAST.	OUE TO	·	aturity			
CE.	TRIBUTING	TO THE DEATH, B	T NOT REL	ATEO	PERATION			2	20. AUTOPSY?
DICAL	21a. ACCIDI HOMICIDE	ENT, SUICIDE, (Specify)		PLACE OF INJURY (of me, farm, factory, street, office		C. WHERE DID	(If in Baltimore		ves No act location)
ME	210, TIME OF INJURY	(Month) (Day) (Ye	ar) (Hour)		HILE	IF. HOW DID IN.	JURY OCCUR?		
	deceased a	live on 4/5	ttended t	he deceased from_ , and that death o	3/27 ccurred at		om the causes and	on the dat	t I last saw the
24 TIC	23A. SIGNA 4A. BURIAL, ON, REMOVAL (S	TO THE		24C NAME OF CEN	TETERY OR C	HUHNS HU	PKINS HUSPITAL		
D/	ATE RECEIVE	D BY REGISTRA	R'S SIGN	ATURE Minus, Ma	25. FU	JNERAL DIRECT	OR	ADDI	RESS
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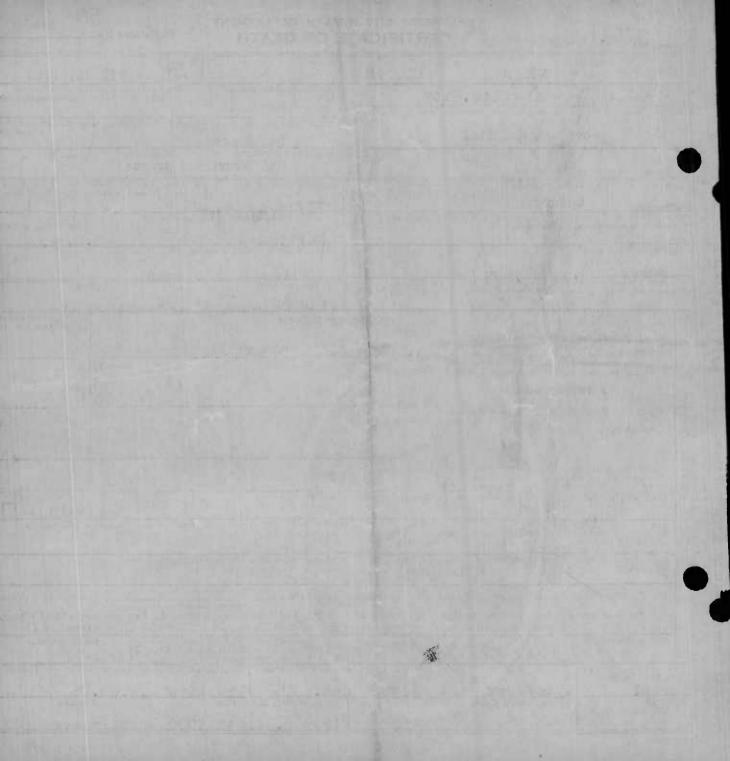
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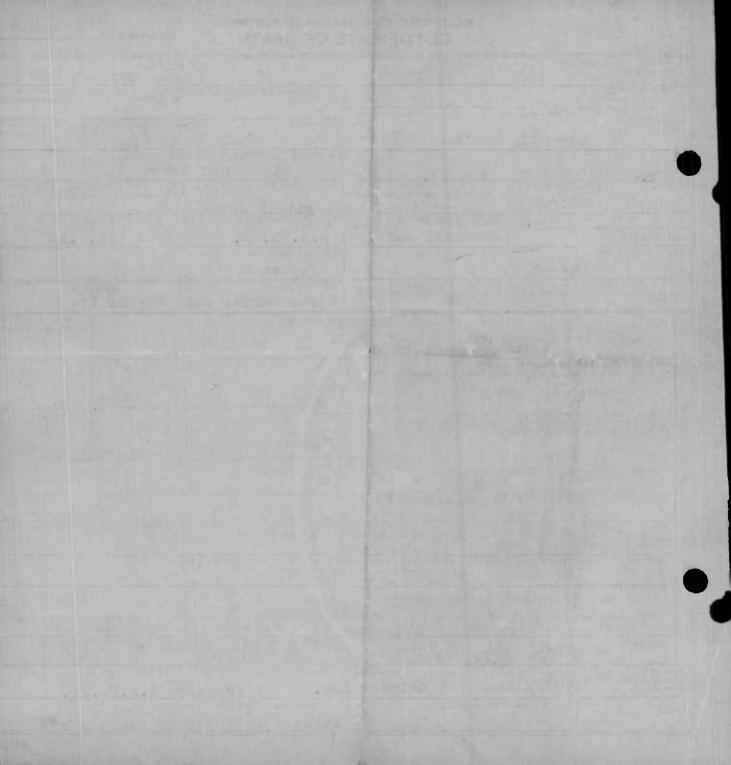
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BALTIMORE CITY HEALTH DEPARTMENT

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	RTH NO.	CERTIFICAT	E OF DEATH	Registered N	10	
(T		ollie E. Sima		OF DEATH	R 12,1950	
	PLACE OF DEATH: Baltimore City, Maryland	37 H Six you St.	4. USUAL RESIDENCE (Wh	ere deceased lived. If B. COUNTY	institution : residence before admission	
	FULL NAME OF (If not in hospital OSPITAL OR	l or institution, give street address or location)				
	ISTITUTION	Lexington St.	Baltimore (If or	1 corporate limit	write RURAL and give township	
	1303 116 1	Yrs.	D. STREET ADDRESS (If ru	ral, give location)		
	Length of stay in Baltimore	Mos. Days	1939 W. Lexington	1 St.		
1	female 6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WidOW	July 20, 1880	9. AGE (In years last birthday) Mo	Under 1 Year ff Under 24 Hours nths Days Hours Min	
10 work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY	
	housewife	at home	Maryland			
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	1E		
	Charles Hoffman		Margaret Boyd			
15 (Yes	. WAS DECEASED EVER IN U.S. ARMED (If yes, give war or dates	fORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS Conn.	
	no	no	Mr. C. H. Simson	- 30 Eaton	St., Stratfor	
	18. 420 1	CAUSE	OF DEATH		INTERVAL BETWEE	
	DISTIRE OF CONDITION PIECES					
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,					
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO					
	ANTECEDENT CAUS	ES 01		1to		
NO O		(B)	some Mysens			
CATIC	DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS	STATING THE DUE TO				
Ĕ		(C)		***************************************		
ERT	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT I					
U	19A. DATE OF OPERATION 19	98, MAJOR FINDINGS OF OPER	PATION		20. AUTOPSY?	
4	none	SB. MASON THOMAS OF CITE	TATION .		YES NO	
EDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		in Baltimore City, s		
Σ	21D. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?		
	OF INJURY WHILE AT NOT WHILE					
1	m. WORK AT WORK					
	deceased alive on 1949 to 4 pm 12, 1956, that I last saw a deceased alive on 1960, 1950, and that death occurred at 750 m., from the causes and on the date stated about					
	deceased alive on 10				23c. DATE SIGNE	
	Stronge E. O	hannen M. D.	& 10 melin	Att Blog	4/13/50	
24	4A. BURIAL, CREMA- 24B. DATE		ERY OR CREMATORY 24D. LO	CATION (City, Own,	or county) (State	
TIC	ON REMOVAL (Specify) Burial 4/15/50	Mt. Olivet Co	em. Balt	Md.,		
D	ATE RECEIVED BY REGISTRAR'S	S SIGNATURE	25 FUNERAL DIRECTOR	0//	AUDRESS ON	
1	ACAL REGISTRASO	11 Levelle , Milater &	a/m. Licken	er & fors	vaero ma.	

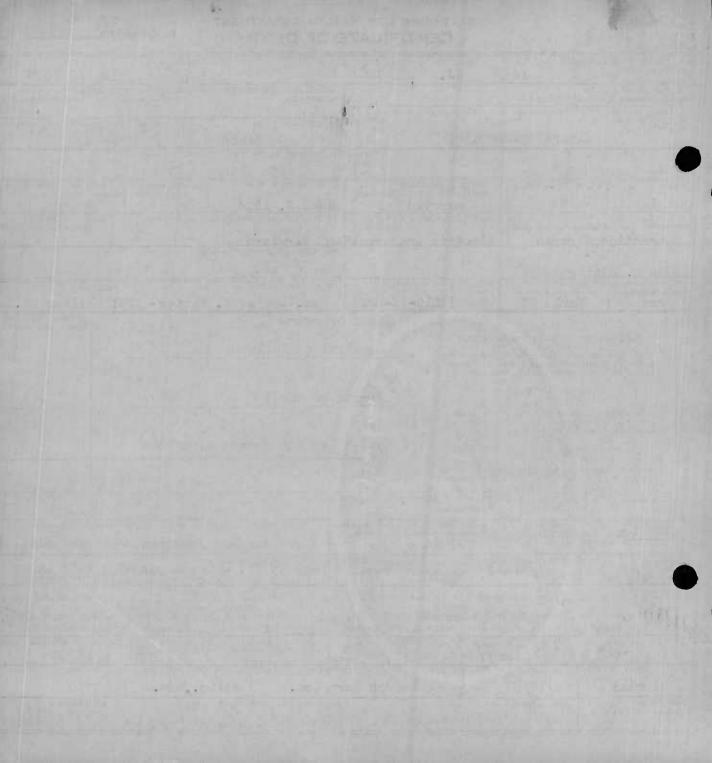
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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DONALD RITTER April 12, DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (1) not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write KURAL and give INSTITUTION University Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. E. Length of stay in Baltimore 854 Whitmore Avenue Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Male married Jan. 6. 1924 10A. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY n Maryland Apprentice Wireman Electric Construction John A. Ritter Viola Aires 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yee, no or unknown) SECURITY NO World #2 219-16-6234 yes Mrs. Louise E. Ritter - 1701 Chilton St. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cerebral contusion (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Fractured skull DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Fractured 5th dorsal vertebrae OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSYT EDICAL 213. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH. Public Naval Academy Junction near Annapolis 21F. How DIP INJURY OCCUR?
Fell 35 ft. while descending catwalk on a steel electric construction structure 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NOT WHILE 12:45 electric construction structure AT WORK Autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER..... MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) /17/50 Loudon Park Cem. Balto., Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR LOCAL REGISTRAR remove, in / forwards , in

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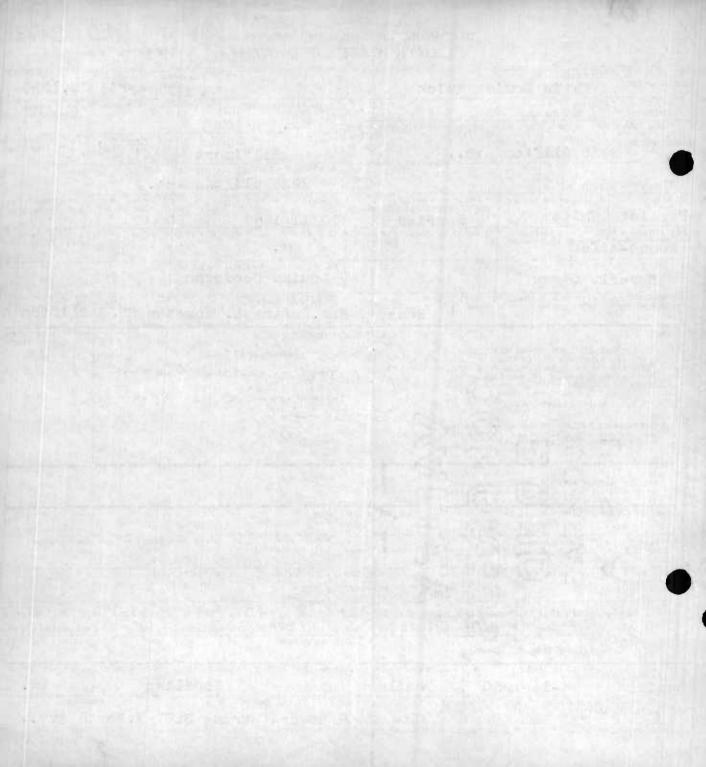
BALTIMORE CITY HEALTH DEPARTMENT

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Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF April 12,1950 Katie Louise Quick 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Md. HOSPITAL OR C. CITY OR TOWN (If outside corporal limits, write RUITAL and give INSTITUTION township) 2938 Clifton Ave.. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 2938 Clifton Ave., c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 9. AGE (in years) If Under I Year 7. SINGLE, MARRIED. 8. DATE OF BIRTH If Under 24 Hours last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) White Female 10/11/1869 Married 10A. USUAL OCCUPATION (Givekind of) 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of working life, even if retired)
HOUSE-WITE INDUSTRY WHAT COUNTRY? Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Beverly Diggs Louisa Goodeson 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or uokoown) (If yes, give war or dates of service) 16, SOCIAL Ir. INFORMANT ADDRESS Ir. Inc. Bertha L. Thompson 2938 Clifton A SECURITY NO. 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH lores oderoter works beard (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office hldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? F INJURY WHILE AT to leger 12 , 19 that I last saw the 22. I hereby certify that I attended the deceased from Dec deceased alive on 2 12, 1950, and that death occurred at 4.4 of m., from the causes and on the date stated above. 23A. SIGNATURE 23C. DATE SIGNED 24A, BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 4-15-1950 Woodlawn Woodlawn Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

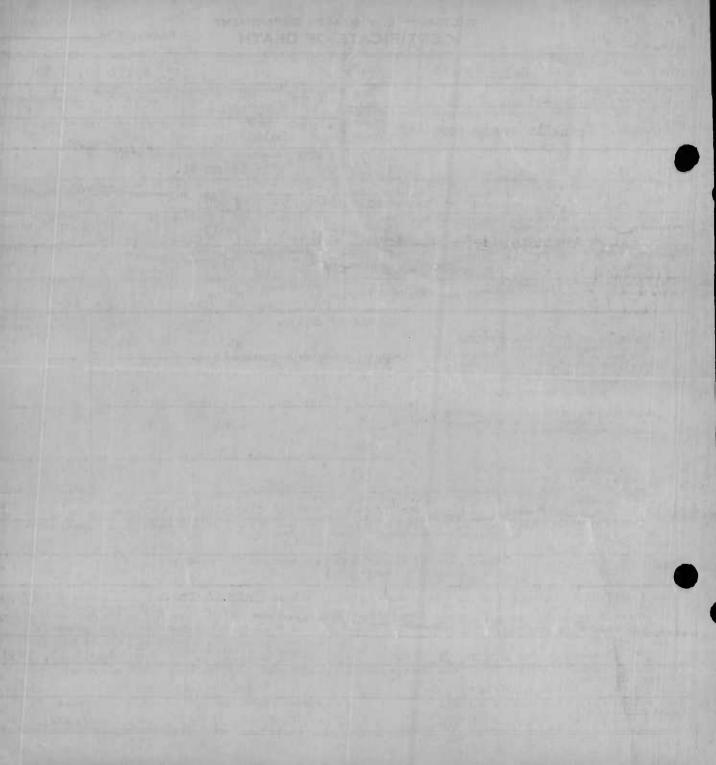
G. Howard Strong 3207 W. North Ave.,

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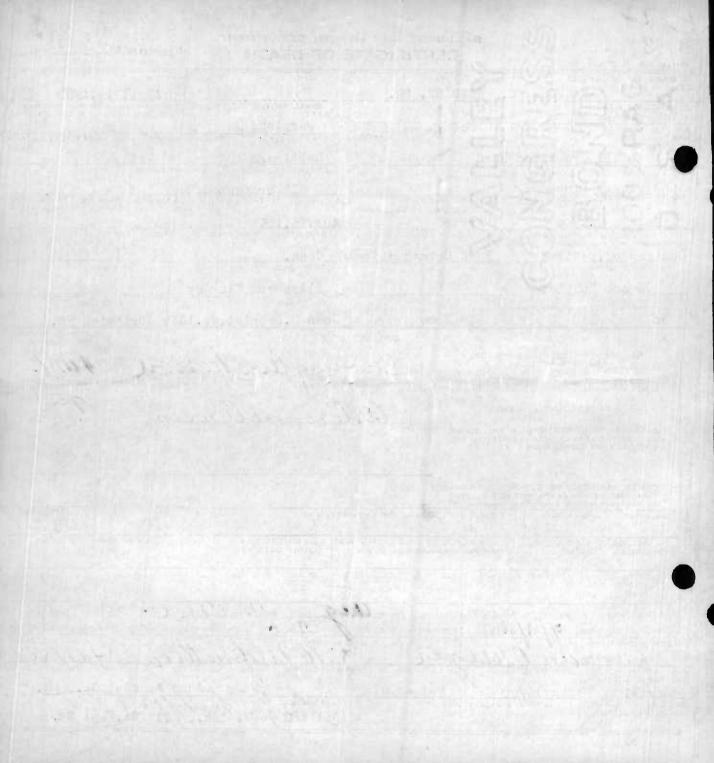
BALTIMORE CITY HEALTH DEPARTMENT

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Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF JOHN C. ZOBRIST, SR. DEATHADril 12,1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission) A. Baltimore City, Maryland Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give 612 Brookwood Road Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 612 Brookwood Road Days 8. DATE OF BIRTH 9. AGE (In years if Under I Year | If Under 24 Hours last birthday) Months Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) white Male Married Aug. 16.1864 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY Contractor, retired Road Construction Conn. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ja cob Zobrist Elizabeth Winkler 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. No None John C.Zobrist, Jr. 1539 Northwick Rd. INTERVAL BETWEEN CAUSE OF DEATH 18. 20.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY arterio selesosis LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. INJURY OCCURRED OF INJURY NOT WHILE! WORK AT WORK 22. I hereby certify that, I attended the deceased from Meg 19 1 that I last saw the and that death occurred at 730 Am., from the causes and on the date stated above. deceased alive on_ 11/5619 23c. DATE SIGNED 23B. ADDRESS 23A. SIGNATURE 240. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY Anny Arundel Co. Md. Burial Friendship DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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7217 St. Paul St.



20. AUTOPSY YES (If in Baltimore City, give exact location) 13 . 195 Othat I last saw the 23c PATE SIGNED Baltimore, Md. 2. FUNERAL DIRECTOR ADDRESS 4510 Liberty

before admission)

township)

H Bader 24 Hours

WHAT COUNTRY?

INTERVAL BETWEEN

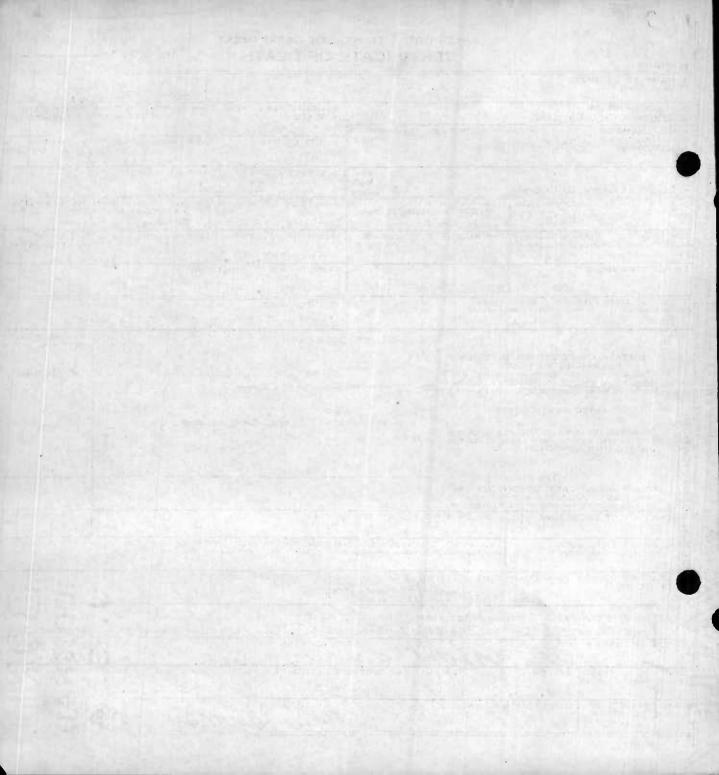
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DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE



BALTIMORE CITY HEALTH DEPARTMENT 3478 Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH April 12 1950 Dominic Ecolano 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland 2305 St. Can A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Md. B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Martha Gray Guest House Baltimore O. STREET ADDRESS (If rural, give location) Yrs. Mos. Yrs. Days 1205 Valley St. c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) If Unday 1 Year 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) last birthday) Months Days White Oct.18 1862 Male Widowed 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Raguia-Messina Italy none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Federico Ecolano Maria Bongiovanni 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Rose Ecolano 1205 Valley St CAUSE OF DEATH 18. ONSET AND DEATH io Vascular Degeneration DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21c. WHERE DID 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT 22. I hereby certify if I attended the deceased from 19_ that I last saw the 190, and that death occurred at 3/5 m., for horands and on the har so ted above. deceased alive 61 23A. S. G. MITURE 23c, DATE SIGNED 23B. ADDRESS/ 24A. BURIAL, CREMA TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery 4430 Belair Rd. Burial DATE RECEIVED BY with gior Williams, Al FUNERAL DIRECTOR **ADDRESS** LOCAL REGISTRAR Nys 150

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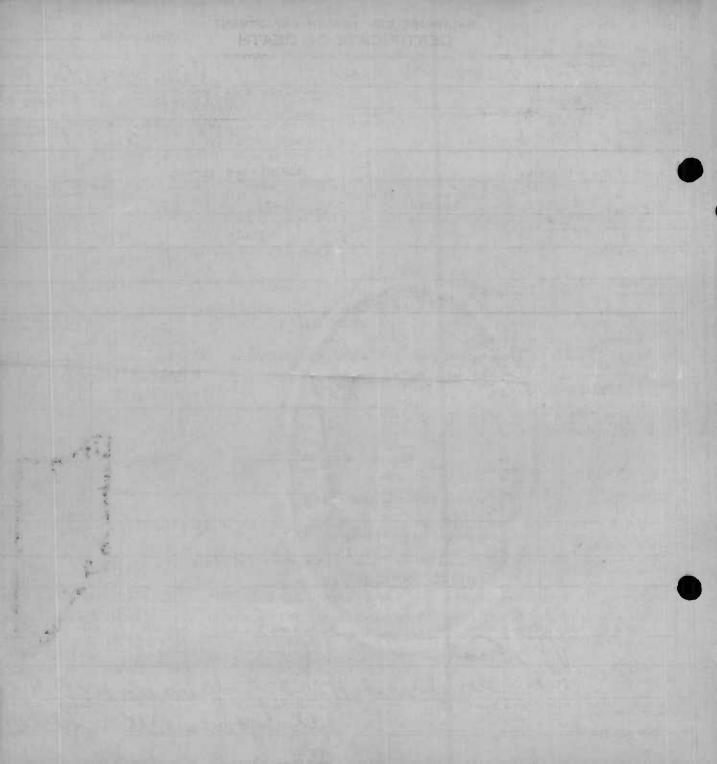
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RTH NO.	00 01/0		CERTIFICATI	E OF DEATH	Registere	ed No.	
		rd F. B	ooker		2. DATE OF DEATH	-12-1950	
			(A STERLIN	4. USUAL RESIDENCE (V	Where deceased lived		residence re admission)
B. FULL NAME OF (If not in hospital or institution, give street address or			1 11 1	Maryland	Balt	imore	
			pitals location)			imits, write RU.	RAL and give township)
1	4940 Eastern	Ave.	Vac			5200	
		30yrs	Mos.				
	6. COLOR OR RACE	MIDOME	D. DIVORCED (Specify)	8. DATE OF BIRTH September 18-190	last birthday)	Months Days	Il Under 24 Hours Hours Min.
A. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR	- the	77	12. CITIZ	EN OF
done during most	of working life, even if retired)		INDUSTRY	Virginia		WHAT	COUNTRY
. FATHER'S					AME		
	Edward Boo	ker		Clara ?			
. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL				
			SECORITI NO.	Records: 4940 I	astern Ave	·	
18. 3 3	/ x .		CAUSE	OF DEATH			AL BETWEEN
DISEAS			Cerebr	ral hemorrhage			
	not mean the mode o	f dying, e.g.		chnoid-Hemorrhage	.		*******************
injury or	complication which c	aused death.	DUE TO				
	ANTECEDENT CAUS	ES	Adva	nced arterioscles	rogis		(aven)
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						100	
			(C)			jo-	mprayonney deni.
OTHER S	IGNIFICANT CONDI	TIONS CON					1
TRIBUTING	TO THE DEATH, BUT	NOT RELATED				169	100 - (C)
				ATION		20. A	UTOPSY?
	2	HE WILL				YES	NO .
LYING O	R CONTRIBUTING			n or 21c, WHERE DID () 1NJURY OCCUR?	If in Baltimore Cit	ty, give exact l	ocation)
21D. TIME	(Month) (Day) (Year)	(Hour) 2	1E. INJURY OCCURR	ED 21F, HOW DID INJUR	Y OCCUR?		
22. I hereb	y certify that I att	ended the o	leceased from 4-1	2- , 1950, to 1	-12- , 19	9.50 that I l	ast saw the
deceased a	live on 1-12-	, 19 50 a	nd that death occur	red at 2.30P m., from t	he causes and o	n the date st	ated above.
23A. SIGNA	TURE S.	loge	M. D. B		spitals		-1950
A. BURIAL, (S), REMOVAL (S)	CREMA- 24B. DATE	57) 2	4C, NAME OF CEMETE	RY OR CREMATORY 240.L	OCATION (City, to	own, or county)	(State)
		S SIGNATUR	RE I	25 EUNERAL DIRECTOR	Couple	ADDRESS	1
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	PLACE OF E Baltimore Balti	PLACE OF DECEASED ype or Print) PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospit OSPITAL OR ISTITUTION Length of stay in Baltimore Length of stay in Baltimore Length of stay in Baltimore SEX G. COLOR OR RACE M N A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired) FATHER'S NAME Edward Boo S. WAS DECEASED EVER IN U. S. ARMEE (If yes, give war or dates a, no or unknown) DISEASE OR CONDITION LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which compliants which compliants are injury or complication which compliants are injury or compliants and injury or compliants are injury or compliants. 21a. ACCIDENT WAS UNDERLY CAUSE OF DEATH 21b. TIME (Month) (Day) (Year) OTHER SIGNIFICANT CONDITION 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY CAUSE OF DEATH 21b. TIME (Month) (Day) (Year) OTHER SIGNIFICANT CONDITION 19a. DATE OF OPERATION ARE BURIAL CREMA- 24b. DATE 24c. BURIAL CREMA- 24b. DATE ALE RECEIVED BY DATE REGISTRAN ALE BURIAL CREMA- 24b. DATE ALE BURIAL CREMA- 24c. BURIAL CREMA- 24d. DATE ALE BUR	NAME OF DECEASED type or Print) PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution of the partial or institution of	CERTIFICAT NAME OF DECEASED Spe or Print) Edward F. Booker PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or DSPITAL OR Baltimore City Hospitals location) STITUTION Baltimore City Hospitals location STITUTION Baltimore City Hospitals location STITUTION Baltimore City Hospitals location Yrs. Mos. Days SEX C. COLOR OR RACE I. SINGLE. MARRIED. WIDOWED DIVORCED (Specify) Marriad N. USUAL OCCUPATION (Give kinder) Ledoneduring most of working life, even if retired) FATHER S NAME Edward Booker S. WAS DECEASED EVER IN U. S. ARMED FORCES? S. WAS DECEASED EVER IN U. S. ARMED FORCES? LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE (A) STATING THE 21D. TIME (Month) (Day) (Year) (Hour) POF INJURY MUNDERLY (Month) (Day) (Year) (Hour) POF INJURY MUNDERLY (Month) (Day) (Year) (Hour) POF INJURY MARKED FORCES AND CAUSE (A) STATING THE WORK 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CONTRIBUTIONS CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CONT	CERTIFICATE OF DEATH NAME OF DECEASED Type of Pink) PLACE OF DEATH: Baltimore City, Maryland STILLI NAME OF (If nich in bospital or institution, give street address or Death Cospital or Still or Stil	RETIFICATE OF DEATH Registere Principles of Control of City, Maryland PLACE OF DEATH: Baltimore City, Maryland PLUL NAME OF LITTOR in hospital or institution, give atreet address or Public Name of City Hospitals Institution Baltimore City Hospitals Institution, Baltimore Baltimore City Hospitals Length of stay in Baltimore 30yrs Maryland Length of stay in Baltimore 30yrs Maryland Length of stay in Baltimore 30yrs Maryland Length of stay in Baltimore 30yrs Maryland Course of Excellent Maryland Course of Color on RACE 7. SINGLE MARRIED Course of Maryland Course of Color on RACE 7. SINGLE MARRIED Course of Maryland Course of Color on RACE 7. SINGLE MARRIED COLOR ON RACE 7. SINGLE MARRIED COURSE 8. DATE 7. SECURITY NO. The Color on RACE 7. SINGLE MARRIED Course of Color on RACE 7. SINGLE MARRIED Course of Color on RACE 7. SINGLE MARRIED COURSE OF DEATH Color on RACE 7. SINGLE MARRIED COURSE OF DEATH Color on RACE 7. SINGLE MARRIED COURSE OF DEATH Color on RACE 7. SINGLE MARRIED COURSE OF DEATH Color on RACE 7. SINGLE MARRIED COLOR ON RA	CERTIFICATE OF DEATH Registered No. NAME OF DECEASED FLACE OF DEATH. Baltimore City, Maryland FULL NAME OF Ultroit indeptial or institution, give street address or Septial or Baltimore City Hospitals location by 40 Eastern Ave. Length of stay in Baltimore SEX COLOR OF RACE IN NAME Length of stay in Baltimore SEX OCCUPATION Give bloods N N N N N N N N N N N N N N N N N N N

See Document File 50-3479 for corrective authority $12/l_{\rm i}/50$

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(1)	NAME OF DECEASED			2. DATE	
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A.	PLACE OF DEATH: Baltimore City, Maryland		A. STATE	Where deceased lived. If institu B. COUNTY	before admis
HC	OSPITAL OR	tal or institution, give street address location		If outside corporate limits, writ	e BURAL and
114	Mercy Ho	spital	Baltimore	3-0	town
7		Yr: Mo			
	Length of stay in Baltimore SEX 6. COLOR OR RACE	Day 7. SINGLE, MARRIED,	808 Stiles	Street 9. AGE (In years If Under	Year If Under 24
	Male White	WIDDWED, DIVDROED (Spec		last birthday) Months I	
10	A. USUAL OCCUPATION (Give kind of doceduring most of working life, even if retired.	1 109. KIND OF BUSINESS OR	11. BIRTHPLACE (State or		ITIZEN OF
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13	. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME	
15	. WAS DECEASED EVER IN U.S. ARME	D FORCES? 16. SOCIAL		?	
	, no or unknown) (If yes, give war or date		17. INFORMANT	ADDRE	SS
TIFICATION	DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L	STATING THE DUE TO			5
ERTI	OTHER SIGNIFICANT COND	NOT RELATED		1	
	19A. DATE OF OPERATION	198, MAJOR FINDINGS OF OP	PERATION		20. AUTOPS
C		1 04- 01 400 05 1411104 /	g., in or 21c, WHERE DID	(If in Baltimore City, glve ex	(act location)
EDICAL C	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	218. PLACE OF INJURY (e. g about home, farm, factory, street, office bld	dg.,etc.) INJURY OCCUR?		
DICAL	PRIMARY OR CONTRIBUTING	about home, farm, factory, street, office bld	RRED 21F. HOW DID INJUR		
DICAL	PRIMARY OR CONTRIBUTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year	about home, farm, factory, street, office bld (Hour) 21E. INJURY OCCUP WHILE AT NOT WHI WORK AT WOR	RRED 21F. HOW DID INJUR	ev occur?	•
DICAL	PRIMARY OR CONTRIBUTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year OF INJURY) 22. I certify that I took charthe evidence obtained by and death in my opinion	about home, farm, factory, street, office bld (Hour) 21E. INJURY OCCUP WHILE AT NOT WHI WORK AT WOR	RRED 21f. HOW DID INJURY d above, held an Insp. Autopsy. r Inquiry, find that said of sees X, accident \(\precedent \), suicides	RY OCCUR? • & Inquiry the Inspection or Inquiry deceased died on the day of	reon and j y stated al
MEDICAL	PRIMARY OR CONTRIBUTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year OF INJURY) 22. I certify that I took charter the evidence obtained by	about home, farm, factory, street, office bld (Hour) 21E. INJURY OCCUP WHILE AT NOT WHI WORK AT WOR rge of the remains described said Autopsy, Inspection on	RRED 21f. HOW DID INJURY 21f. HOW DID INJURY above, held an Insp Autopsy, r Inquiry, find that said of	RY OCCUR? the Inquiry the Inspection or Inquiry deceased died on the day of the Inquiry deceased died on the day of the Inquiry and the Inquiry deceased died on the day of the Inquiry deceased died on the Inquiry died died on the Inquiry died died on the Inquiry died died on	reon and j



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BIR	TH NO. 40) L	C	ERIFICATI	E OF DEATH	2005.5001	4 1 1 0	
1. N (Typ	AME OF Die or Print)		TAC T 1	MAISEL		2. DATE OF	Annil 10	1050
2 P	LACE OF D		LAS J. !	MWIDEF	4. USUAL RESIDENCE (W		April 12	
A. B	Saltimore C	City, Maryland			A. STATE	B. COUNTY		ore admission)
	ULL NAME	OF (If not in hospita	al or institution	, give street address or location)	c. CITY OR TOWN ()If	outside corporate l	inella Aveita HI	IPAL and give
	TITUTION	2826 N. How	ard St.		Baltimore	outside of porate	06	township
				Yrs.	D. STREET ADDRESS Ilf)	
c. I.	ength of s	tay in Baltimore		Mos. Days	2826 N. Howard	St.		
5. S	EX	6. COLOR OR RACE	7. SINGLE, I	MARRIED. D. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year)	Months: Days	Hours: Min.
n	nale	white	marri		Aug. 15, 1884	65		
		CUPATION (Give kind of of working life, even if retired)	108. KIND O	F BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZ	ZEN OF
, OI E G	sales		real		Maryland		*****	
13.	FATHER'S N			534848	14. MOTHER'S MAIDEN NA	AME		
	Nicol	as J. Maisel			Elizabeth Ko	eder		
15.	WAS DECEASE	ED EVER IN U. S. ARMED	FORCES? 1	16. SOCIAL	17. INFORMANT		ADDRESS	
(100,	no	(41 yes, give wat of date	s of service)	SECURITY NO.	Mrs. Grace B	. Maisel	2826 N.	Howard
1	18. / . [OY		CAUSE	OF DEATH			VAL BETWEEN
	10	EE OR CONDITION	DIRECTLY		.)	7 1		T AND DEATH
		LEADING TO DEA	TH	(A)	ulmanain. (ongesti	en 2	days.
	heart failu	re, asthenia, etc. It mea	ns the disease.					
	injury or	complication which	eaused death.)	DUE TO				1 10
		ANTECEDENT CAUS	SES	CAN	cenama Des	aphagu	e ah	out 8 a
0		S OR CONDITIONS, I				// //		months
F		THE ABOVE CAUSE (A)		DUE TO				
0								
		11		(C)		· ·		
CERTIFICATION	TRIBUTING	SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED					
				INDINGS OF OPER	RATION		20.	AUTOPSY?
₹	EXILA						YES	No X
	21A. ACCIDE HOMICIDE	ENT, SUICIDE, (Specify)		E OF INJURY (e. g., i m,factory,street,office bldg.,		If in Baltimore Ci	ty, give exact	location)
Σ -	21D. TIME	(Month) (Day) (Year)	(Hour) 21	E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?		

F INJURY WHILE AT , 1949, to 4/12 , 1950, that I last saw the 22. I hereby eertify that I attended the deceased from and that death occurred at 10 f.m., from the eauses and on the date stated above. deceased alive on 4/12 23A. SIGNATURE

24c, NAME OF CEMETERY OR CREMATORY

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 4/15/50 Cathedral Cem. Balto. Md. Burial REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY

militajon Milians VS 150

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE D: Tullio (Type or Print) ilo mend OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township Yrs. D STREET ADDRESS (If rural, give location) Mos. 3 and c. Length of stay in Baltimore Days 5. SEX . SINGLE, MARRIED 6. COLOR OR RACE Il Undet 1 Year last birthday) Months: Days Hours: Min. WIDOWED DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY not known trown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or ookoown) (If yee, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 3040 moreland are mareus INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS 19A. DATE OF OPERATION A 92 2Ic. WHERE DID 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., io or (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT AT WORK 1950 to 12 . 19 50 that I last saw the 22. I hereby certify that I attended the deceased from_ 12 1950 and that death occurred at 10:55 Am., from the causes and on the date stated above. deceased alive on. 23B. ADDRESS 23c. DATE, SIGNED 23A. SIGNATURE Inhereiles M. D. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24B. DATE Jurial 15 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR . ADDRESS LOCAL REGISTRAR · weller /or. VS 150

22

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE 4-13-1950 GOLDIEB SMITH (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: A. STATE B. COUNTY A. Baltimore City, Maryland MARYLAND (If not in hospital or institution, give street address or B. FULL NAME OF 6 arr C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION (INION MEMORIAL HOSPITAL township) WESTMINISTER o. STREET ADDRESS (If rural, give location) Yes Mes. 39 W GEBAGE c. Length of stay in Baltimore Davs 5 SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED. 9. AGE (In years) It Under 1 Year last birthday) Months; Days Hours: Min. WIDOWED, DIVORCED (Specify) WH 17 E FEMALE 10 WIDOWED 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF MOUSEWIET INDUSTRY work done during most of working life, even if retired) WHAT COUNTRY MARYLAND USA. HOUSEWIFF 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ADAM W. BLOOM TARY A. HOOK 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. MA JAMES & SMITH Wow Wird sol 0 11/0100 INTERVAL BETWEEN CAUSE OF DEATH 500 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY ENERALIZED ARTERIOSCLEROSLS LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUF TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES X 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or INJURY OCCUR? HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK 22. I hereby certify that I attended the deceased from Murch 20, 1950, to PRIL 13, 1950, that I last saw the deceased alive on 4- 13, 1950, and that death occurred at 930 m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 23B ADDRESS een 24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24B DATE TION DEMOVAL (Specify) upe tree 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR for He estimater ned VS 150

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3484

	NAME OF DECEASED bype or Print)	ERNEST	DAV	IS	2. DATE OF DEATH	April	10,	1950
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (WE A. STATE	nere deceased I			: residence (ore admission)
H	OSPITAL OR		give street address or location)	**		ite limits, v	vrite RI	JRAL and give township)
2	Provident	, Hospital		Baltimo re		·*·		
1	length of stay in Baltimore		Yrs. Mos. Days	o. STREET ADDRESS (If r 1200 McCu.	lloh St.		-0	4
5.	M C		DIVORCED (Specify)	8. DATE OF BIRTH Unknown	9. AGE (In y last birthd		der I Year as Days	Hours Min.
	A. USUAL OCCUPATION (Give kink done during most of working life, even if reti- Labored		BUSINESS OR INDUSTRY	11. SIRTHPLACE (State or for Unknown	eign country)	12		ZEN OF T COUNTRY?
13	FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME			
	Unknown			Unknown				
15	. WAS DECEASED EVER IN U.S. AR a, no or unknown) (If yes, give wer or	MED FORCES? 16	6. SOCIAL	17. INFORMANT		ADE	RESS	
(10	Unknown	lates of service)	SECURITY NO.	Charles Alexand	der, 120	O McC	al ol	h St.
	DISEASE OR CONDITION (This does not mean the month of th	EATH le of dying, e.g., means the disease, h caused death.)		ic Heart Disease		***************************************	ONSE	T AND DEATH
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) (C) (C) TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CONSISTING IT.								over
U .	TO THE DISEASE OR CONDIT		NDINGS OF OPER	ATION			20. YES	AUTOPSY?
EDICAL	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTIN CAUSE OF DEATH.		OF INJURY (e. g., in factory.street.office bldg., et		in Baltimore	City, giv		
ME	210. TIME (Month) (Day) (Ye OF INJURY	WHIL	E AT NOT WHILE	21F. HOW DID INJURY	OCCUR?			
	22. I certify that I took of the evidence obtained and death in my opini 23A. SIGNATURE FARL L.	by said Autopsy on resulted from Royer, M.I	y, Inspection or In: natural causes O. per	bove, held an Insp. 6 Autopsy, In nquiry, find that said dec accident [], suicide [] 238, CHIEF MEDICAL E ASSISTANT MEDICAL E D. MEDICAL INVESTIGATO	ceased died , homicid XAMINER XAMINER	nquiry on the e , unc	day s leterm	ined [].
710	4A. BURIAL, CREMA- 24B. DAT ON, REMOVAL (Specify)		. NAME OF CEMETER	RY OR CREMATORY 240. LO	CATION (Cit			
	ATE RECEIVED BY REGISTRA	AB'S SIGNATURE	· Auburn Cem	ctry Mt 25. Funeral director Charles Alexander	winans n 1200	MaCan	DDRES	5S
VS	5 151		98	899	1	2	OE	

Letter in document file 50-3484 4/20/50

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

50 - 3485

Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE Edward . Noah Hall . DEATH April 12-1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 4940 Eastern Ave. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. 20 Years Mos. 108 S. Carrollton Ave. Length of stay in Baltimore Days 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years | If Under | Year last birthday) Months; Days Hours: Min. Male White June 15,1904 IOA. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired)
Iron & Steel Worker INDUSTRY WHAT COUNTRY? North Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph .Hall Elizabeth 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or ookgowo) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or ookoowo) SECURITY NO. B.C.H. Records 4940 Eastern Ave. INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Increased Intra-cranial Pressuresecond to (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO injury or complication which caused death.) ANTECEDENT CAUSES Malignant Glioma of the left Parietal Lobe. ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION MEDICAL April 12,1950 Malignant Glioma of the left parietal lobe. 21c. WHERE DID (If in Baltimore City, give exact location) 21A, ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE April 3. 19 500 April 12, 1950, that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on April 12, 1950, and that death occurred at 9:46P M., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A, SIGNATURE 4940 Eastern Ave. April 13-50 24D. LOGATION (City, town, or county) 24A BURIAL CREMA-24B, DATE REMOVAL (Specify) colon DATE RECEIVED BY 25 FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR

Letter in document file. 50 - 3485 - 5/2/50.

The state of the s

15	tod. Eyams Case		50	3486
-	DASS BALTIMORE CITY H	E OF DEATH	Registered No.	0-200
1.	NAME OF DECEASED	0.0	2. DATE	
1	PLACE OF DEATH:	4. USUAL RESIDENCE (W)	DEATH OF I	12,1950
A.	Baltimore City, Maryland () / Wal 2	A. STATE	B. COUNTY	before admission)
H	OSPITAL OR // location		outside corporate limit, wr	te RURAL and give
	STITUTION JENS HOPKINS HOSPITAL	D. STREET ADDRESS (If r	ural, givelocation)	, company
	Length of stay in Baltimore Mos. Days	2 11.CL 2 MI	e Coulloh	Se-
5,	SEX GOLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years Munder last birthday) Months	Veat Il Under 24 Hours Days Hours Min.
10	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country) 12.0	CITIZEN OF
	dune during most of working life, even if retired) LABORER ROOF REPAIR			WHAT COUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME	al summer
	TERRY G. RUSSELL	AVERLINA	STONE	
(Ye	WAS DECEASED EYER IN U. S. ARMED FORCES? In no or nnknown) (If yee, give war or detector of service) ## 2 16. SOCIAL SECURITY NO. 227-22-6664	17. INFORMANT DELIS HO	PALIS NUMBER	ESS
		OF DEATH		NTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	liac Arrest	during	
	heart failure, asthenia, etc. It means the disease,	JULY TINKS	acome	***************************************
	injury or complication which caused death.) DUE TO	relation for	N/	
Z	ANTECEDENT CAUSES (B)			***************************************
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	tortic 8Ter	10816	
FIC	(6)	CERTIFICA	TION APPROVED BY	
	OTHER SIGNIFICANT CONDITIONS CON-	P	11/60	
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		2100	20, AUTOPSY?
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	of who is	ST. MEDICAL EXAMINER.	YES NO
EDIC	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. s about bome, farm, factory, street, office bldg		in Baltimore Chy, give	exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY	OCCUR?	
	OF INJURY WHILE AT WORK AT WORK			
	22. I hereby certify that I attended the deceased from 4	- 1950, to 4		at I last saw the
	deceased alive on 4 19 , and that death occur		ne causes and on the d	ate stated above
	IN PYONDS M. D.	IOHNS ROP	HRS HOSPITA: 23	70
2 T1	44. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETON, REMOVAL (Specify)	LA 24b. LO	man level	County) (State)
10	ATE RECEIVED BY PEGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	1 Funeral AD	DRESSome
	OCAL REGISTRARY Miliams Miliams	1631 NA	und Still	Re.
	VS 150 1 be approved by mes	& Eram	157	E
		88 V9		

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wed by Wed Examene 50 3487 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF TURARD DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' (If outside corporate limits, write RURAL and give C. CITY OF TOWN INSTITUTION township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. MARRIED 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR arpenter 13. FATHER'S NAME 14-MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes/no or unknown) (If yes, give war or dates of service) SECURITY NO ATERVAL BETWEEN CAUSE OF DEATH 18. -900.0 NSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CHIEF OR ASST. MEDICAL W OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION YES 21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Accident I'L tell in home after having some dres 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE down stairs 4/12 , 1953 that I last saw the 19.47 to_ 22. I hereby certify that I attended the deceased from_ , 19_53, and that death occurred at 1236 em., from the causes and on the date stated above. deceased alive on 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE Cravano. D. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24B. DATE Dura ADDRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

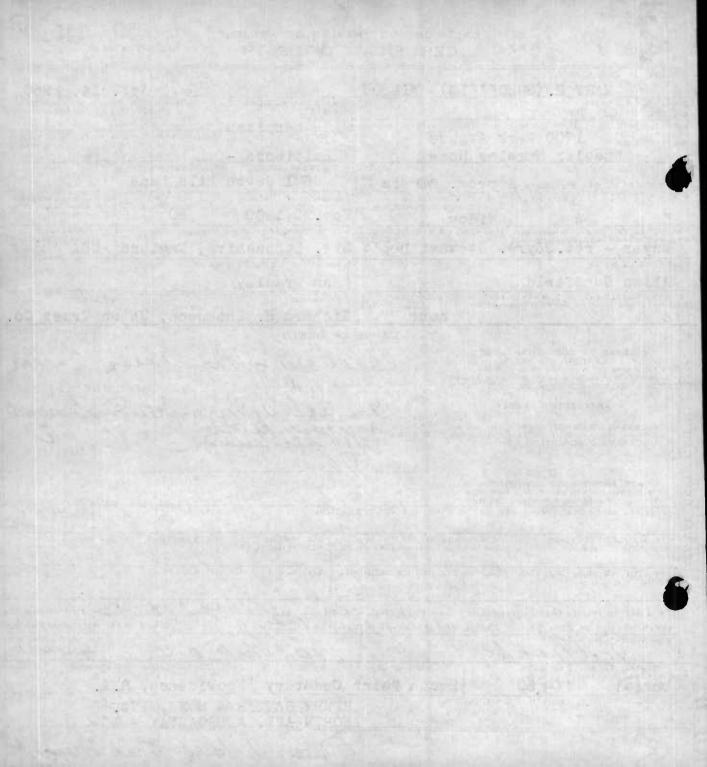
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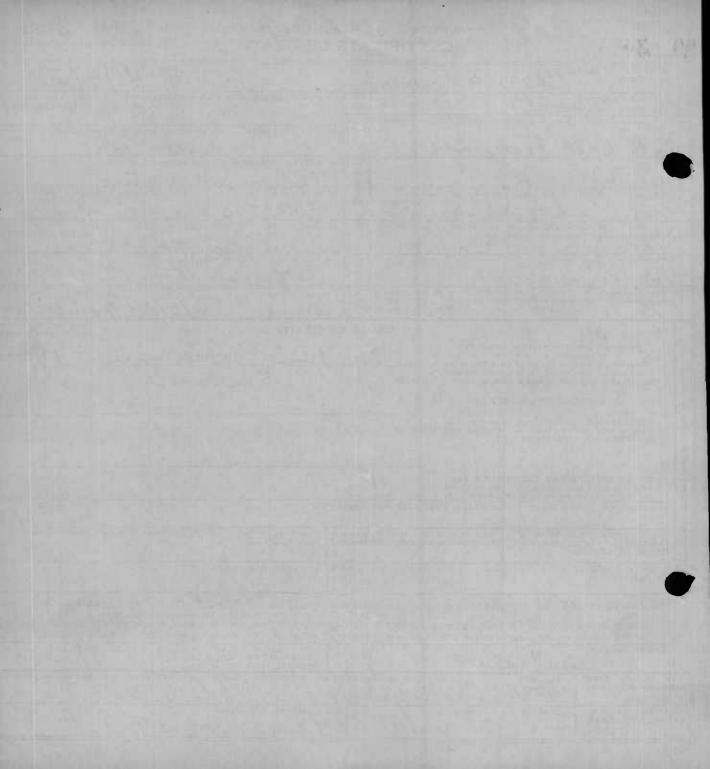
A. C. Salvania Con Page

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A COUNTY THE STATE OF THE STATE

50 3488 Registered No BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF MARY H. (SCHOFIELD) WILSON DEATH Apr. 14, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or c. CITY OR TOWN HOSPITAL OR location) 1700 Park Avenue (If outside corporate limits, write RURAL and give INSTITUTION township) Wheeler Nursing Home Baltimore -Yrs. D. STREET ADDRESS (If rural, give location) 3501 Seven Mile Lane ength of stay in Baltimore Approx. 70 yrs Days AGE (in years | H Under 1 Year | H Under 24 Hours | Hours | Months | Days | Hours | Min. 6. COLOR OR RACE | 7. SINGLE, MARRIED. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Nov. 29, 1869 Widow 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF USA COUNTRY work done during most of working life, even if retired) buyer - ret. 25yrs. Dep t Str. Lancashire, England 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Allan Schofield Ann Bradley 15. WAS DECEASED EVER IN U. SA ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Richard H. Thompson, Union Trust no none CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION YES 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID shout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT L/K, 19 Sthat I last saw the 22. I hereby certify that I attended the deceased from July deceased alive on 4-15 . 1950. and that death occurred at 1 m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 4-14-50 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B, DATE Swann Point Cemetery burial Providence, R.I. DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS SANDER & SONS, INC. LOCAL REGISTRAR . un ~ / shallby the NORTH AVE & BROADWAY - 13 VS 150



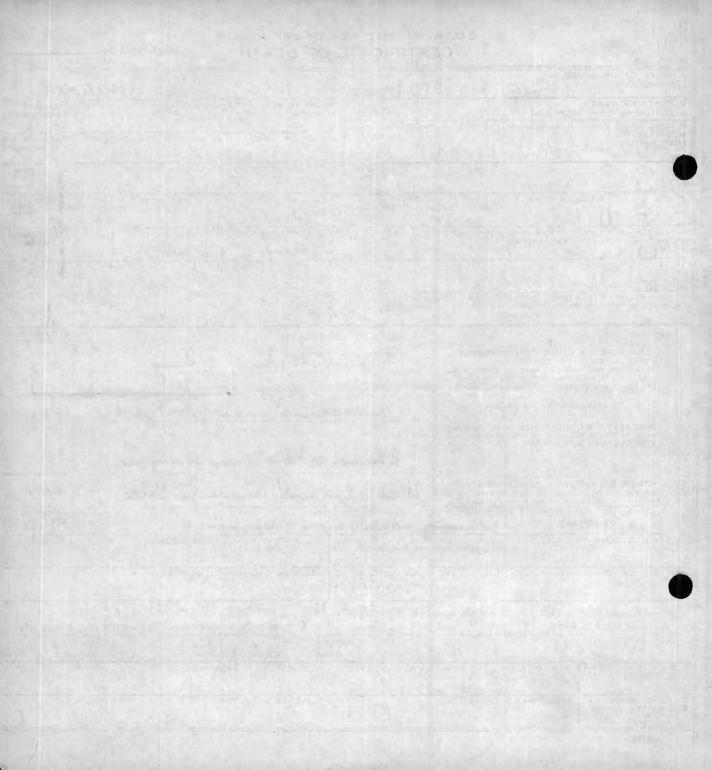


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 3490 Registered No

1. NAME OF DECEASED 2. DATE FORDYCE 174.14,1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate limits, write RURAL and give C. CITY OR TOWN Yrs. (If rural, give location) D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE AGE (In years | ff Under 1 Year | ff Under 24 Hours last birthday) | Months: Days | Hours | Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done doring most of working life, even if retired) INDUSTRY WHAT COUNTRY? House wife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Vandeckla 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS HPR. 13, 1970 arteris-venous aneumans 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or) 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Ш Σ 21D. TIME (Month) (Day) (Year) (Hour) 21F, HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE and that death occurred at 9.5° pm 22. I hereby certify that I attended the deceased from while 13 legelly, 19 Jo that I last saw the 19 50 deceased alive on Hyx. 14 m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24D. LOCATION (City, town, or county) Durial ros Cari DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR

VS 150

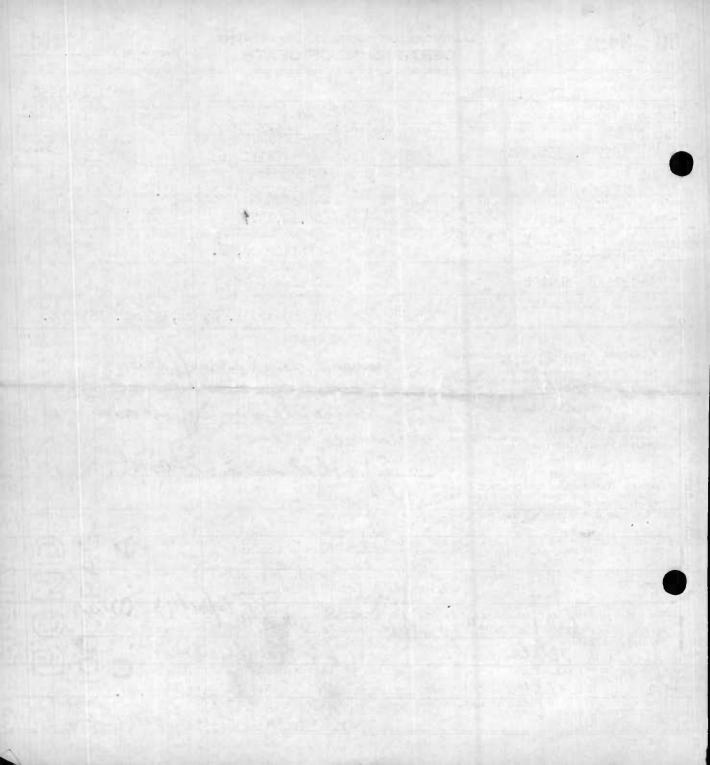


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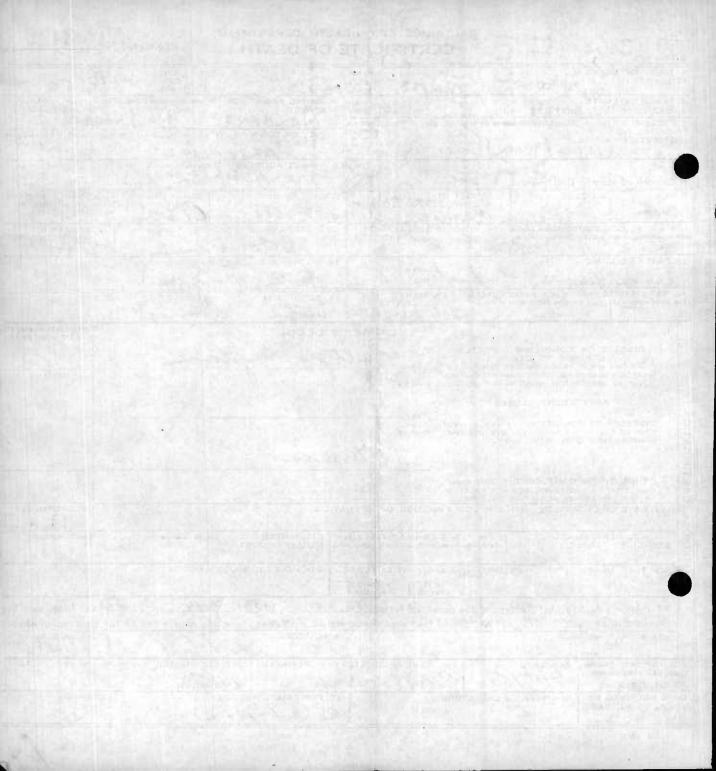
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3491

BI	IRTH NO.			PARTY DATE OF THE PARTY OF THE
	NAME OF DECEASED 'ype or Print) MARY E.	. SCHMIDT		2. DATE OF April 13,1950
A.	PLACE OF DEATH: Baltimore City, Maryland		A. STATE	Where deceased lived. If institution: residence B. COUNTY before admission
	FULL NAME OF (If not in hosp OSPITAL OR	oital or institution, give street address or	Maryland	
IN	ISTITUTION	location	C. CITY OR TOWN (1	f outside corporate limits, write RURAL and gi
	1537 E. 35th	Street	Baltimore	9-07 township
		Yrs.	D. STREET ADDRESS (If	
	7 17 4 1 1 7 11	Mos.		
	Length of stay in Baltimore	Days	1537 East	35th St.
5.	SEX 6. COLOR OR RAC		8. DATE OF BIRTH	9. AGE (in years) If Under I Year If Under 24 Hou
F	emale White	Single (Specify)	Sept. 10, 1877	last birthday) Months Days Hours Mir
	A. USUAL OCCUPATION (Give kind			12
work	done during most of working life, even if retire	of 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	WHAT COUNTRY
	Never employed		Baltimore, Md.	• WHAT GOOM
13	FATHER'S NAME		14. MOTHER'S MAIDEN N	
		PERSONAL PROPERTY OF THE PROPE		AME
	Christian Schmidt		Thelka Wolfe	
15	. WAS DECEASED EVER IN U. S. ARM	ED FORCES? 16. SOCIAL	17. INFORMANT	ADDRESS
(Yes	s, no or nuknown) (If yes, give war or de	stes of service) SECURITY NO. None		Myers, 1537 E. 35th St.
No		Mone	MI'S DUWATU II.	nyers, root no open be.
CERTIFICATION	LEADING TO DE (This does not mean the mode heart failure, asthenia, etc. It m injury or complication which ANTECEDENT CA DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE (UNDERLYING CONDITION II OTHER SIGNIFICANT CON TRIBUTING TO THE DEATH, BUT	USES (B) Company (B) Company (C) (C) (C) (DITIONS CON- IT NOT RELATED	riosclevii, roschii shelwiia	0'1
0	19A. DATE OF OPERATION		ATION	l 20. AUTOPSY?
믜	ISA. BATE OF OFERATION	TOB. MASOR TINDINGS OF AFER	ATION	
0		U F		YES NO L
MEDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) VD. TIME (Month) (Day) (Yes INJURY) 22. I hereby certify that I a deceased alive of the second of	m. WHILE AT NOT WHILE WORK ttended the deccased from 19. and that death occur	ED 21F. HOW DID INJURE 10 319 9, to make the state of th	the causes and on the date stated abov
	284. SIGNATURE	, , , , , , , , , , , , , , , , , , , ,	3B ADDRESS C	De M 236. DATE SIGNE
	Helle U. Delle	usuh M.D.	25/2.000	105 11 4/14/20.
24	4A TURIAL, CREMA- 14B. DATE	1 24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town, or county) (State
TIC	ON REMOVAL (Specify)			
Bu	rial 4/17/	50 Loudon Park	11	Baltimore, Md. /
D	ATE RECEIVED BY REGISTRA	R'S SIGNATURE	25. FUNDEAL DIRECTOR	O. ADDRESS
LC	CAL REGISTRAR	or sin well-daysing	11. 14 an 6 sh	A JAMEN TO ST
	APK 5 13301	- 1 · · · · · · · · · · · · · · · · · ·	Monow wy	100 121101 Vous N
	VS 150			55B



1-	635 BALTIMORE CITY HEALTH DEPARATE OF DEA	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	1. NAME OF DECEASED (Type or Print) HARTON JAMES FERGUSON 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or MAR)	2. DATE OF P/14/50 ESIDENCE (Where deceased lived. If institution: residence before admiss PALTIMORE	
and legibly.	HOSPITAL OR INSTITUTION ONION MEM. HOSPITAL Vis. Mos. Length of stay in Politimers Vene. 1 D. STREET AE	OLTIMORE fregue towns	
rly	c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SWIGLE, MARRIED WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of work done) of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY		Min.
death	13. FATHER'S NAME 14. MOTHER'S 15. WAS DEFEASED EVER IN HE ADMITS TO BEAUTY 15. WAS DEFEASED EVER IN HE ADMITS TO BEAUTY 15. WAS DEFEASED EVER IN HE ADMITS TO BEAUTY 15. WAS DEFEASED EVER IN HE ADMITS TO BEAUTY 15. WAS DEFEASED EVER IN HE ADMITS TO BEAUTY 16. R. MOVEMENT DIR. R. M. M. MOVEMENT DIR. R. M.	MAIDEN NAME Buguan	
the causes of	(Yes, no or omnown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMAN SECURITY NO. 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ADDRESS INTERVAL BETWONSET AND DE	
write	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B)		,,,,,,,,
Physicians: please	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		•••••••
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY YES NO	
odtur	OF INJURY WHILE AT NOT WHILE		
is especially	deceased alive on 4-14, 1952, and that death occurred at 7:00 A	1953, to 4-14, 1923, that I last saw 4m., from the causes and on the date stated about 23c. DATE SIGN	ove.
correct age	24a. BURIAL CREMA- TON. REMOVAL DATE DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR LOCAL REGISTRAR LOCAL REGISTRAR LOCAL REGISTRAR LOCAL REGISTRAR	Wilmington Del	ite)
3	VS 150 LOCAL REGISTRAP VS 150 240 47	Snc. 1217 St. Paul St. 55E	



This case was investigated by the Medical Examiner's Office and the proper way to certify the death is

1. Cardiac arrest due to sodium pentothal anesthesia

2. Congenital polycystic kidneys with hypertensive cardiovascular disease Purulent peritonitis

19b. Purulent peritonitis probably due to rupture of polycystic kidney into abdomen

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RAFisher

Drainage of peritorities + exploration of kidneys. Letter in document file 50-3493-5/10/50.

Benign. Letter in document file 50-3494 - 5/5/50.

the of the sur

50 3495 BALTIMORE CITY HEALTH DEPARTMENT 3495 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) George Howard DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution, residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 3903 00 de D. STREET ADDRESS (If ruish, give location) Yrs. Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years | H Under | Year | H Under 24 Hours last birthday) | Months: Days | Hours Min. H Under 24 Hours m. Wedowel 24 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY actived Farmer Maryland
14. MOTHER'S MAINEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRES (Yes, no or unknown) SECURITY NO RVAL BETWEEN CAUSE 50.0 SET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20, AUTOPSY 21A. ACCIDENT, SUICIDE 21B. PLACE OF INJURY (e. g., in or about homes m, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) INJURY OCCUR? 1D. TIME (Month) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT 195 to grant 14

3103

22. I hereby certify that I attended the deceased from deceased aliveron Grand 12 19 50 and that death occurred at 23A. SIGNATURE 23B. ADDRESS

24c. NAME OF CEMETERY OR CREMATORY

25. FUNERAL DIRECTOR

24b. LOCATION (City, town, of

ng. from the causes and on the date stated above.

ADDRESS

23C.NDATE SIGNED

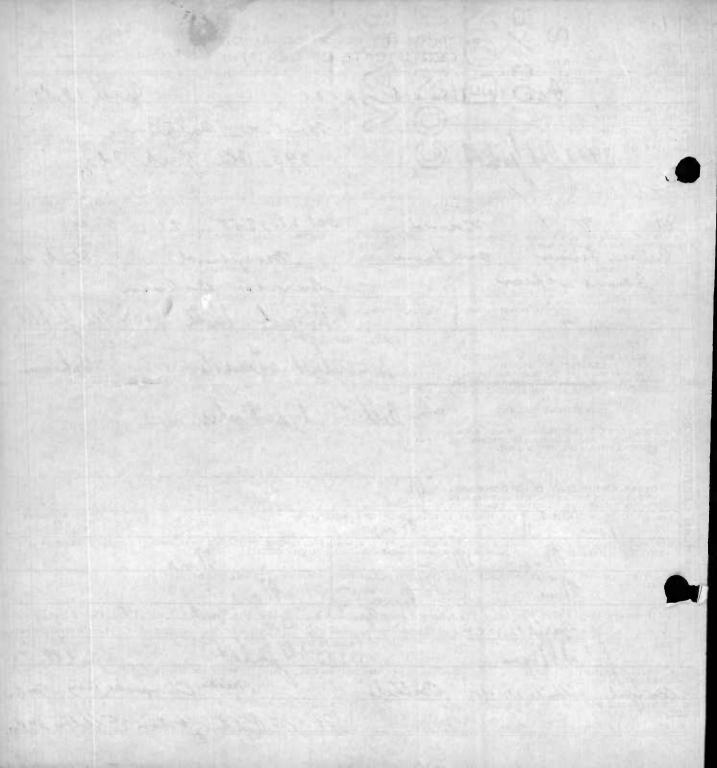
(State)

DATE RECEIVED BY LOCAL REGISTRAR

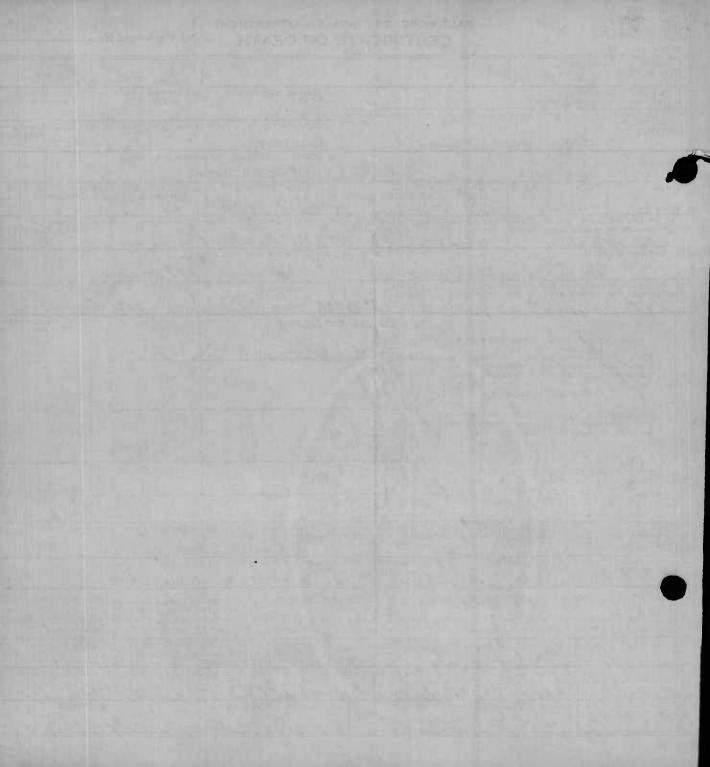
24A. BURIAL CREMA-

MEGISTRAR'S, SIGNATURE witte for Milaura, 615

. 19 0, that I last saw the



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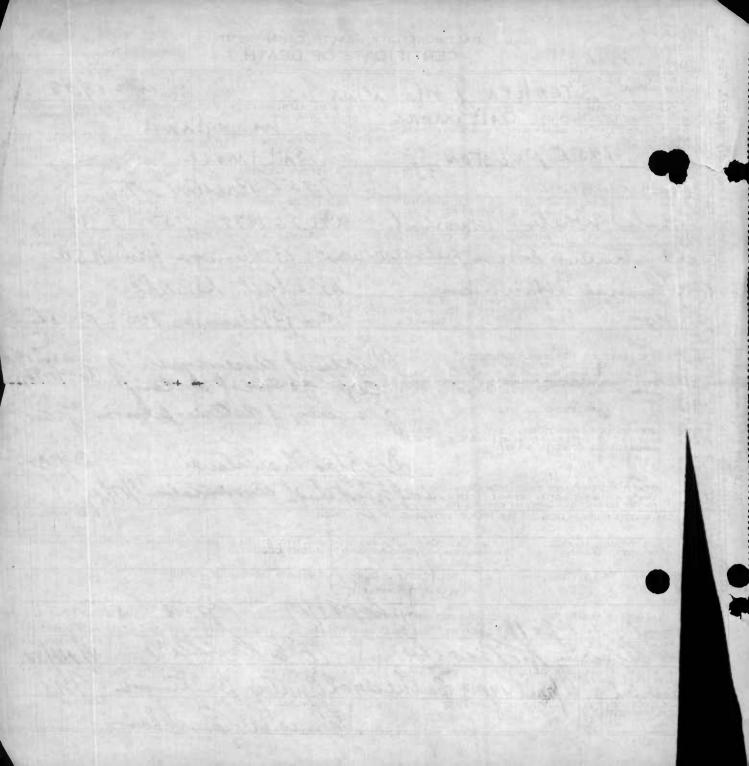
W	-550
	50 NO. 3497
	1. NAME OF DECEAS (Type or Print)
enhhined.	3. PLACE OF DEATH A. Baltimore City,
y.	B. FULL NAME OF HOSPITAL OR INSTITUTION 74
legibi	c. Length of stay in
rly and	male 2
irly	10A. USUAL OCCUPA

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

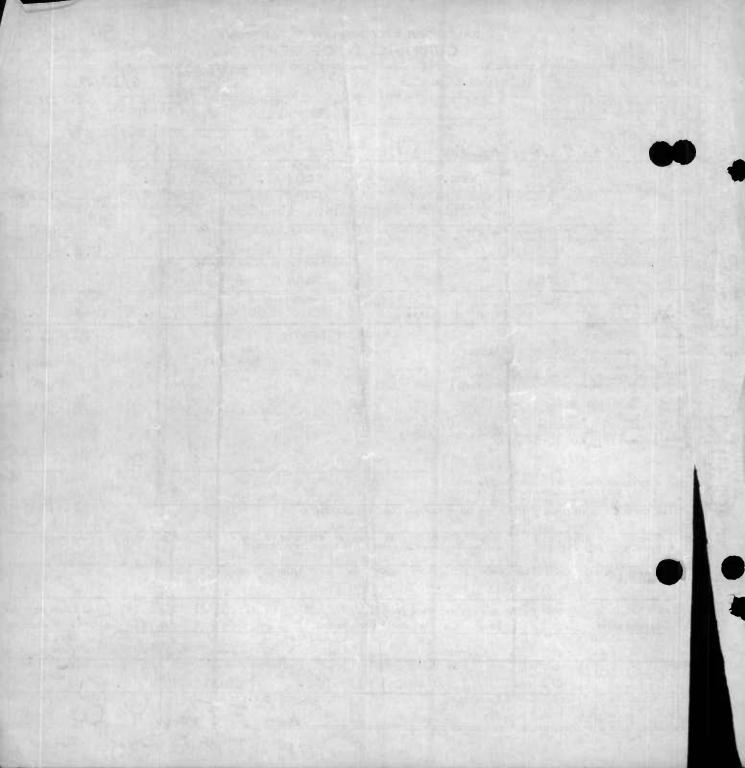
3497 50

Registered No.

1. NAME OF DECEASED (Type or Print) STEPhEN I MANNIE	ON	OF COP	17/00
B. PLACE OF DEATH: A. Baltimore City, Maryland BALLIMORE	4. USUAL RESIDENCE (W)	B. COUNTY	titution: residence before admission)
FULL NAME OF (If not in hospital or institution, give street address or location)		utside corporate limits, v	vrite RURAL and give
NSTITUTION 745E, PRESTAN SE	Baltimon	10	-O township)
75 Yrs.		ural, give location)	
Length of stay in Baltimore Days	745 E. Pre	Non ST.	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		ler I Yesr II Under 24 Hours
Male While married	NEC. 26.1874	75 3	17
OA. USUAL OCCUPATION (Give kind of rk done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or for	reign country) 12	WHAT COUNTRY?
Construction Foreman Baltoly Water	14. MOTHER'S MAIDEN NA	ore mal	150.
70 . 911	Bilest	3 . 61	THE COURSE OF
15. WAS DECEASED EVER I U. S. ARMED FORCES? 16. SOCIAL	17 INFORMALT	Jurke	RESS
(es, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Picas DIM	1 in 745 E.	- + 54
18, 2 / A Y	OF DEATH	uou / / · · ·	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	· Y		ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	lines aneu	rysen of	tale 17/3
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	a semoral	astand	20/26/20
ANTECEDENT CAUSES	0 10.7	. 16.	4. 3
(в),	entry une	is-felsin	grace 1
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			0
UNDERLYING CONDITION LAST.	To Wollet	7.	34kaco
II (c)	us meani	- 2/	1
OTHER SIGNIFICANT CONDITIONS CON-	Theil ampo	tale 7/12/	
TO THE DISEASE OR CONDITION CAUSING IT.	RATION	/	20, AUTOPSY?
0			YES NO
21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in Homicide (Specify) about home, farm, factory, street, office bldg.,		f in Baltimore City, giv-	e exact location)
HOWIETE (Specify)	INDON, COOCH		
IME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR		OCCUR?	
m. WHILE AT NOT WHILE MY WORK AT WORK		7)	
22. I hereby certify that I attended the deceased from	7 1/1 19 to	02/4,1950	that I last saw the
described alive on 19. and that death occur		ne causes and on the	
Willen & Strack	23B. ADDRESS	ale 87	HALL TO
4A. BURIAL, CREMA- 24B. DATE 246. NAME OF CEMETE	ERY OR CREMATORY 24D. LC	CATION (City, town, or	(State)
DN. REMOVAL (Specify) abril 141950 Calledr	al Consetonie Ba	String &	mil
ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR		DDRESS
SRLIREGISTER Lutto for Micaux, It.	Eline 119:6	million	
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			96



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LOCAL REGISTRAR

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